

# **SOCIAL INEQUALITY, REPRODUCTIVE HEALTH AND CHILD DEVELOPMENT: A CHHATTISGARH VILLAGE STUDY**

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## ABSTRACT

*India's gains in reproductive health and child development have been slower than anticipated, and significantly the country continues to bear a disproportionate share of the global undernutrition burden. Indian children do particularly poorly in the foundational foetal stage and in the first three years, and public programmes are especially ineffective in reaching this group. While it is recognised that reproductive health and child nutrition is determined complexly, having biomedical and social roots, positions from a policy perspective are oftentimes competing – on whether key barriers are primarily economic or essentially cultural. Additionally, an argument explaining the South Asian nutrition 'enigma' emphasises the mediating role of female power, often measured as female decision-making autonomy.*

*I discuss based on research in a village in the rice-growing plains of Chhattisgarh the complex and interrelated cultural, economic and gender-based variables as they bear on reproductive health and nutrition for the different social groups in the village. I argue that this under-researched geography at the confluence of Indo-Aryan and Dravidian cultural streams has interesting insights to offer for social theory into the determinants of female power. Important elements of northern kinship based on exogamous principles, theoretically less favourable for female autonomy than 'southern' kinship systems, counter-intuitively go alongside relatively egalitarian gender relations, also evidenced by sex-ratios, and other telling indicators. Furthermore, not fitting with mainstream discourse on female autonomy's positive demographic and health implications, relatively egalitarian gender relations and sex-ratios go alongside poor performance on other demographic, health and nutrition outcomes. For caste groups in the village, elements of northern kinship appear to bear on son-preference, and undermine a woman's independence in fertility related decision-making. However, beyond an influence on fertility the influence of gender-inequality on reproductive and child development outcomes could not be read off from observations or expressions of decision making power. I argue that it may be useful to broaden the gender-lens beyond a narrow conceptual focus on decision-making autonomy to include structural dimensions such as rigidities in gender division of labour.*

*Behaviours and practices relevant to reproduction and childrearing vary significantly from biomedical recommendations. These reveal both economic and cultural roots. Judged against biomedical norms, health and childcare behaviours shaped by ideational beliefs are at greater variance for the post-partum stage than during pregnancy. Cultural food proscriptions have little relevance during pregnancy, implying that concerns of 'eating down' in pregnancy for its influence on foetal growth are of little consequence for this geography. I argue that there are important economic barriers that place limits on diet quality in pregnancy, yet there is some scope for health-facilitating resource reprioritisation. Health and childcare behaviours in the post-partum stage diverge to a greater extent from recommended biomedical practice, and could be damaging to nutritional status of the mother and child. While these practices have a clear 'ideational' element, they are also rooted in fear of both ill health and economic distress, deriving perhaps from the historical experience of communities in a poor health environment.*

*I discuss from the curious case of the nutritionally vulnerable Pardhi tribe, and their rejection of the public works NREGA programme that there are iterative cultural and nutritional factors that influence poverty for this community, notwithstanding oppressive social and political relations. Productive activity perceived to involve high energy expenditure, while seemingly economically attractive can be rejected in contexts where communities aim to preserve 'body-capital'. Further conventional classifications of what is considered routine unskilled work under NREGA may be rejected because of cultural unfamiliarity and unfamiliar body*

*techniques. The wider marginalisation of the community and oppressive social relations may further contribute to Pardhi rejection of public programmes.*

*In addition, entrenched local political rivalries work against public interest to mediate the everyday welfare state and implementation of reproductive health and nutrition programmes such as the Integrated Child Development Services (ICDS).*

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## GLOSSARY

*Adivasi – term used for tribal communities in general. ‘Original Inhabitant’*

*Aanganwadi – a child development centre under the ICDS*

*ASHA – Accredited Social Health Activist (a community health worker/volunteer)*

*Bahu – daughter-in-Law*

*Basti - habitation*

*Biara – a threshing field usually adjoining the homestead*

*Bhavan – a community hall*

*Bindi – a vermilion dot, worn on forehead to indicate a woman’s married status*

*Chamar – the leatherworker’s caste, amongst the lowest in the caste hierarchy*

*Chatthi – a public celebration around the birth of a child*

*Chooth maanna – to consider polluting*

*Churi – bangle*

*Churi pehnana – ‘to put on bangles’ in formalising a secondary relationship*

*Dal – lentils*

*Dukh – pain or difficulty*

*Ghoomna – ‘roaming’ about*

*ICDS – Integrated Child Development Services*

*Kharif crop- the main crop (monsoon season July-November)*

*Lagan – wedding*

*Maike – natal home*

*Mazdoor - labourer*

*Mitanin – Community Health Worker (now under the National Rural Health Mission).*

*Nerva – umbilical cord*

*Nindai –weeding*

*OBC – Other Backward Classes, a constitutional category comprising socially and educationally disadvantaged castes*

*Para – habitation*

*Pardhi – an ex-criminal tribe*

*Parivar - family*

*Ravat – ‘herdsmen’, the Yadav caste*

*RMP –Rural Medical Practitioner – usually a not-formally qualified practitioner of modern medicine*

*Saas – mother-in-Law*

*Sabji – a vegetable dish*

*Sahu – an OBC community with the traditional occupation of oil-pressing*

*Satnami – followers of the Guru Ghasidas, from low-caste origins*

*Shikari – hunters*

*Sui – needle*

*Suiyan – dai or the traditional birth attendant*

*Teli – ‘Oil pressers’, the Sahu caste*

## Chapter 1 INTRODUCTION

*“It is not really a poverty issue. It really is that the quality of the diet and quality of the complementary foods given to babies at that age are not adequate. It is possible within a local context to get those foods. It is just lack of knowledge.”*

Robert Black in interview to Boseley (2008)

*“...the exceptionally high rates of malnutrition in South Asia are rooted deep in the soil of inequality between men and women...”*

Ramalingaswami et al. (1996)

### **1.1: THE CHALLENGE OF REPRODUCTIVE HEALTH AND CHILD UNDERNUTRITION IN INDIA**

That India bears a grossly disproportionate share of the world’s undernourished and food insecure, and that this burden is greatest on the poor is well established. The reasons, however, for the persistence of undernutrition and its resistance to change over time, as well as South Asia’s unfavourable comparison with regions such as Sub Saharan Africa, despite India’s relative economic advantage and unprecedented recent economic growth are lesser known and much debated. India has seen secular gains on indicators of survival, health and nutrition over the past decades, yet improvements are often slower than anticipated and the country is likely to fall behind on achievement of relevant Millennium Development Goals (Paul et al. 2014; Lozano et al. 2011)<sup>1</sup>. India’s share of the global undernutrition burden further remains conspicuous and puzzlingly persistent<sup>2</sup>, with improvements on composite

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<sup>1</sup> For instance, while declines in fertility and maternal mortality rates have been witnessed, as have been improvements in child survival and nutrition indicators, India is yet likely to miss achievement of MDG-4 measured on IMR (Paul et al., 2014). Further, while India has seen considerable reduction in the most debilitating and life-threatening forms of Severe Acute Malnutrition (SAM), progress in reduction of chronic undernutrition has been much slower.

<sup>2</sup> While there have been debates on the classification of undernutrition in South Asia and on the wisdom of international growth standards, current consensus based on acceptance of WHO growth standards is that undernutrition in the region remains disproportionately high. David Seckler’s now outdated ‘Small but Healthy Hypothesis’ argued that many persons who were classified as suffering from mild or moderate malnutrition were

indices such as heights sluggish in light of the rate of economic growth (Haddad et al. 2003; Deaton 2007), and social programmatic efforts<sup>3</sup>.

Poor nourishment especially during the stages of foetal growth and the first 3 years of life can have irreversible life-course and intergenerational consequences for human welfare and development (Black et al. 2008, 2013; Victora et al. 2008). At the population level, consequences include increased mortality risks and susceptibility to ill health (Black et al. 2008), alongside a long shadow cast on adult health and cognitive development (Victora et al. 2008; Grantham-McGregor et al. 2007). India's figures on Low Birth Weight (LBW), a widely used marker of foetal growth and an important predictor of long-term impairment stand out. With a prevalence of 28% in 2005-06<sup>4</sup>, India has amongst the highest LBW incidence in the world, and this moreover is predominantly attributed to circumscribed in-utero growth in full-term infants, a condition which predicts a sequela more devastating, and less reversible than LBW ascribed to prematurity (Sachdev 2001). LBW is also linked to pre-conceptual maternal nutritional status, and this makes it particularly resistant to short-term change because of the intergenerational burden of undernutrition on mothers. Growth in the womb and in early childhood is intrinsically interconnected with the state of maternal health and nutrition. Pregnant and lactating women in India have the most adverse rates of Iron Deficiency Anaemia, and among the poor, gestational weight gain is but marginal (Pelto 1987: 554). All India National Family and Health Survey (NFHS-3, 2005-06) data between the latest two rounds indicate that child underweight-for-age has shown virtually no improvement; the incidence of wasting (weight-for-height), in fact, saw an increase, although height-for-age improved significantly<sup>5</sup>. Growth faltering, as in other developing countries, has been understood to begin at 3-4 months and extend until the first 15 months of life (Shrimpton et al. 2001:2-5) though when referenced against more recent internationally recommended World Health Organisation growth standards, the problem of global

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'small' but nevertheless 'healthy' and well adapted to their environment (Seckler 1982). Elements of this argument were resurrected more recently by Arvind Panagariya (Panagariya 2013).

<sup>3</sup> However, more recent provisional data from a 2013-14 survey by UNICEF and the Ministry of Women and Child Development (MoWCD), shows significant gains on all-India figures of underweight for age of children under 5, which was down from 43.5% in 2005-06 (NFHS-3) to 30.7% in 2013-14. Despite these possible - yet to be confirmed - or widely accepted nutrition gains, which have implied improvements in India's positioning on the 2014 Global Hunger Index (GHI) of the International Food Policy Research Institute (Klaus et al. 2014), India's overall global positioning on nutrition remains amongst the most adverse, with India being ranked no longer last, but still 120th amongst 128 countries with 2009-13 data on child undernutrition (Klaus et al. 2014).

<sup>4</sup> LBW figures from NFHS 2005-06, reanalyzed by UNICEF in 2008. LBW percentage in India is double that of Sub-Saharan Africa (see Annexure 1 for global and regional incidence of LBW).

<sup>5</sup> Between NFHS-2 1998-99 and NFHS-3 2005-06. The next NFHS survey is underway 2014-15.

undernutrition in the first 6 months is now believed to be even more pronounced than previously believed, as is intrauterine retardation in length (Victora et al. 2010: pg. e480, pg.e478)<sup>6</sup>.

Furthermore, while the criticality of the 0-3 years and the window of opportunity they represent have long been recognized, actually addressing undernutrition in the early years, and especially growth faltering between 3-6 months and 6 months to two years of age has proved difficult. Observers of India's flagship public programme in this area, the Integrated Child Development Services (ICDS), agree that it has been expressly ineffective in achieving its nutritional objectives for children under three, while its supplementary feeding component is more effective in reaching older preschool children, at an age which is after largely irreversible undernutrition has already set in (Ghosh 2006: 3666, Saxena and Srivastava 2009: 49, Gragnolati 2006)<sup>7</sup>.

### **1.1.1: Competing Perspectives**

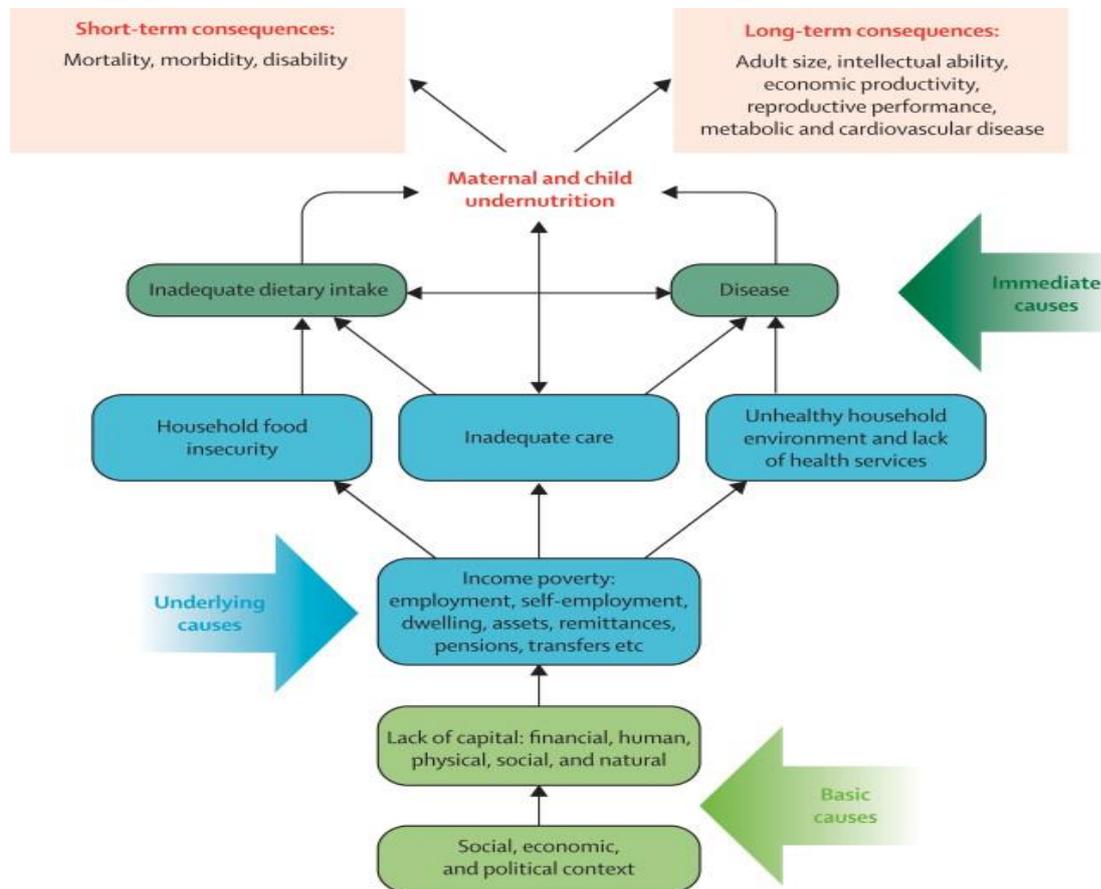
Nutritional status is determined in the immediate by the interaction between dietary intake and health status. Although the complex biomedical and social roots of undernutrition are recognised in the literature and by public health practitioners, and UNICEF's multi-layered framework from 1990 continues to underpin contemporary conceptual understandings of the subject (See Figure 1.1 for 2008 adaptation of the framework by Black et al.), from a policy perspective there are competing views on the primary drivers of poor nutritional status, and particularly on its stubborn prevalence in early childhood.

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<sup>6</sup> The earlier understanding on timing of growth faltering (Shrimpton et al. 2001) was based on the then internationally accepted NCHS standards. The World Health Organisation Growth Standards replaced these as the new accepted international norm (WHO 2006). Recent yet-to-be-released UNICEF-MoWCD survey data indicates some improvements on nutrition indices, but even if these improvements are confirmed they do not dramatically change India's adverse global positioning.

<sup>7</sup> The ICDS aims to improve child development through integrated interventions.

Figure 1-1: Framework of the relations between poverty, food insecurity, and other underlying and immediate causes to maternal and child undernutrition and its short-term and long-term consequences (Black et al. 2008)



One widely held viewpoint illustrated in the opening quote from Robert Black, a prominent public health academic and leader of the *Lancet* Maternal and Child Undernutrition Group holds that the problem of child nutrition is largely that of inappropriate ‘knowledge’. This conceptualisation of ‘knowledge’ as a scientific fact or biomedical truth in public health practice is, as Pelto and Pelto discuss, problematic, and better interpreted as the anthropological concept of ‘cultural belief’. Nevertheless, it refers, in essence, to the subject of health behaviours being at variance from recommended biomedical practice as a consequence of cultural factors (Pelto and Pelto 1997: 147-48). Regarded as a problem of ignorance of best practice then, especially with regards nutrition in infancy and early childhood, this view implies that social policy focus primarily on health education rather than public food provisioning (Ghosh 2006, Gragnolati et al. 2006). The main alternative position is that barriers to optimal nutrition are primarily economic and stem from deprivation and

food insecurity (Chastre et al. 2007)<sup>8</sup>. In my own work in the sectors of public health and nutrition prior to doctoral studies<sup>9</sup>, I was frequently met with these contrasting views: a frustration on the part of many, including bureaucrats and representatives of bilateral institutions such as UNICEF with the Indian government's emphasis on distribution of what they saw as 'food dole', and on the other a scepticism that activists held for advocates of health education. The latter distrust was embodied in the contempt for the idea that mothers or families were 'ignorant' or are 'wilfully' neglecting their own or their children's wellbeing.

Apart from explanations based on knowledge or cultural beliefs, and those taking a more materialist or economic reasoning, a third explanation relates to the ways in which gender inequality or female power, conventionally explained by the imprecise concept of 'women's status' mediates reproduction, child health and nutrition. While the role of female power and its links to fertility, sex ratios and other demographic indicators has been an academically attractive subject that has received enduring attention<sup>10</sup> the idea that the social position of women has explanatory implications for nutrition is more recent. The idea was brought into prominence by Ramalingaswami et al. who hypothesised that gender-inequality explained the "enigma" of South Asia's adverse nutrition indices compared to Sub-Saharan Africa (Ramalingaswami et al.1996). Since then the argument has received much purchase in popular discourse but is supported by a small breadth of empirical work<sup>11</sup>, also because female power is conceptually ambiguous and hard to measure with few uncontested indicators<sup>12</sup>.

This research project has grown from a desire to gain a deeper understanding of the cultural and economic drivers of poor nutrition, and gender-inequality as an element embedded in these dual processes. Given the acknowledged complexities of the determinants of nutrition, I also desired to generate a better understanding of their inter-linkages and relative importance across phases of the reproduction and child-rearing continuum. A further

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<sup>8</sup> Chastre et al. study the real costs of a balanced diet across 4 countries (including Bangladesh in South Asia), and argue that for child nutrition the costs of a balanced diet would be unaffordable to most families (Chastre et al. 2007). The Right to Food Campaign, which was instrumental in advocacy that led to passing of the National Food Security Act of 2013, was also forceful in emphasizing the food provisioning apart from other rights.

<sup>9</sup> Employed in a grant making body that was closely engaged with social policy and public programs, the ICICI Centre for Child Health and Nutrition (ICCHN)

<sup>10</sup>See for instance Dyson and Moore 1983; Bardhan 1974, 1988 and Miller 1981; and more recently Agnihotri 2000, Agnihotri et al. 2002, Rahman and Rao 2004; Jeffery and Jeffery 1996. The review by Harriss and Watson (1987) of attempts to account for the sex ratio is useful.

<sup>11</sup> The work of Osmani and Sen (2003), Smith (2003), Coffey et al. (2013) has taken off from Ramalingaswami et al.'s (1996) hypothesis on the 'Asian Enigma' (a term coined by them).

<sup>12</sup> See Mason (1986) for a discussion on complexities of measuring women's status in DHS.

motivation was to understand why, despite state public programme attention, progress on outcomes has remained poor. It has long and convincingly been contended that public financial investments in the health sector and investments towards improving nutrition have been grossly inadequate, especially when the magnitude of the challenge and its devastating implications is considered<sup>13</sup>. Yet it is also true that existing investments have not always led to expected improvements, and that the flagship ICDS programme has shown significant shortcomings in its abilities to change nutrition, especially for children in the first three years of life (Ghosh 2006: 3666; Saxena and Srivastava 2009: 49, Gagnolati 2006). There is much analysis of the ICDS from a structural and programmatic perspective, and while the importance of the larger political economy of nutrition and the challenging imperatives of bringing together disparate interests are recognised<sup>14</sup>, the influence of village-level political realities mediating the achievement of reproductive health and early childhood nutrition policy objectives is perhaps less examined.

This research project therefore attempts to contribute to our understanding of the underlying drivers, or factors that shape poor reproductive health and nutrition outcomes through the life-course, for poor and rural communities. While that is the overall aim, the study focuses on the more vulnerable stages of pregnancy and early childhood more specifically, as an entry point. The focus is selected because as argued above, this is a critical period for later health, an age group where Indian children do exceptionally poorly, and a group under reached by public policy. This study asks the following overarching question:

*What are the drivers of reproductive health and child development for rural communities?*

This is approached through examination of the following sub-questions.

- 1. How do economic constraints mediate reproduction and child development?*
- 2. How does culture influence reproduction and child development?*
- 3. How are gender-relations and female power shaped in the region and how do they influence reproduction and child development?*
- 4. How do local political processes mediate the everyday state and programmatic efforts for reproduction and child development?*

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<sup>13</sup> See for instance Dreze 2014; Kumar A. Shiva et al. 2011; Berman et al. 2010; Measham & Chatterjee 1999.

<sup>14</sup> See for instance Nisbett et al. 2014, who make a compelling case for why recognizing the politics, as they influence childhood nutrition, is important.

## 1.2: THE VALUE OF AN ETHNOGRAPHIC VILLAGE-BASED CASE STUDY

While the objectives of this research project are not to establish firm causal assertions, its analytical intents are both descriptive and interpretive, in that the project does seek to enrich explanations for poor reproductive and child nutrition realities, and elaborate theoretical interpretations. Further, examining the biosocial and cultural roots that shape maternal and child health and nutrition are important intentions of this research. Social anthropology relies primarily on ethnography and qualitative methods in data generation and analysis, which do not ‘clinch conclusions’<sup>15</sup> by way of enhancing our statistical confidence in causal claims and predictions. The contribution of anthropology as regards causal dilemmas lies instead in its specialisation in culture. As Tom Fricke argues, the discipline’s strengths are in the offering of inherently interpretive arguments that direct analytic attention to contexts of meaning and motivation (Fricke 2003: 470-473). Further, as both Mitchell (1984) and Fricke (2003) assert, while the emphasis in statistical analysis is in the establishment of the confidence with which claims on relationships between variables are made, this is limited to the identification of correlations and their strength, while arguments about causality ultimately involve interpretive decisions. This interpretive lens is moreover fundamental to rooting an inquiry to a particular place and people (Fricke 2003: 471). There is additionally as Green et al. point out, a distinct usefulness in Abraham Kaplan’s recursive and iterative idea of ‘logic-in-use’ central to ethnography, for the understanding of cultural knowledge as it is socially constructed (Kaplan 1964; Green et al. 2012: 309-10)<sup>16</sup>.

The field of demographic studies has long recognised the importance of the cultural setting of reproduction, and has relied on anthropological insights in explaining phenomena (Caldwell et al. 1987), and there has been a tradition of valuable work on the cultural aspects of maternal and child health beyond the demographic lens (Jeffery et al. 1987 in Rozario and Samuel 2002, Jeffery et al. 1989; Van Hollen 2003; Unnithan Kumar 1999; Pelto and Pelto 1997). The interpretive analysis of culture and meaning presents a useful framework to approach the research problem in the light of the valuable contributions anthropology has made to demographic and health research.

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<sup>15</sup> Borrowing Nancy Cartwright’s expression here (Cartwright and Efstathiou 2007).

<sup>16</sup> Kaplan (1964: 3-11) discusses the distinctions between Logic in Use, the practical and flexible ways in which scientists and philosophers use logic – ‘a cognitive style that is more or less logical’ (8) and Reconstructed Logic – an idealized scientific practice – the “hypothetico-deductive” reconstruction, where the ‘most important incidents in the drama of science are enacted behind the scenes’ (10).

Furthermore, the research project deals with subjects that have been challenging to capture in quantitative work in a rural field setting. For instance, food intake data is notoriously complicated to gather<sup>17</sup>, as are gender-relations in demographic surveys. The latter are ordinarily reduced to neat indices that are expected to reflect decision-making, as a marker of female autonomy, but surveys often throw-up little relevant or usable material<sup>18</sup>. Further, with regards health behaviours, indicators in surveys are often constricted, and unsuitable to capturing the more useful dimensions on some pertinent and complex 'what' and 'when' questions, such as for instance on details of the practice of breastfeeding, and frequency of infant feeding. My intention is not to argue that more precise quantitative work on the subjects of research interest is not possible. Rather, it is to emphasise that reliance on primarily quantitative methods for the setting is difficult; some quantitative methods are more suited to research in controlled settings such as hospitals, and further that interpretive analysis central to ethnography presents advantages. Likewise it has been argued that interdisciplinary approaches are characteristically suited to understanding complex and practical problems (Nissani 1997). Given the complexity of the questions of undernutrition, their bio-medical and socio-cultural roots, as well the interest in questions of policy relevance, the study is primarily rooted in the discipline of anthropology but also draws on concepts and methods common in public health and nutritional science research as well as the field of gender studies.

Moving to the choice of a village case study design and household level analysis, Vaus argues that a 'case study' research design is well suited to the examination of 'how' and 'why' questions of an explanatory type (De Vaus 2001: 221), and it has further been argued to be valuable for a complex elucidation of phenomena (De Vaus 2001: 221; Yin 2009:8). The aims of this research are to describe reproductive health and nutrition relations embedded within the ethnographic setting, to re-examine the multifaceted competing, and imperfectly understood explanations for India's undernutrition situation, and to seek possible new explanations. The objectives hence lend themselves to a case-study design. The household is a useful and familiar unit of analysis in anthropological and other social science research, being as Pelto describes it 'the primary unit within which economic, social and cultural resources are organized and applied to human needs' and understanding of intra-

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<sup>17</sup> Gathering data on food intake in rural settings is often difficult and complicated. Data gathered by the more accurate weightment method is time consuming, intrusive, and technically complicated. Further gaining reliable figures of nutrition composition of diets for instance requires a high frequency of observation. Other methods based on food-recall are also often subject to errors.

<sup>18</sup> See Mason 1986 for a discussion.

household resource distribution is critical to social policy (Pelto et al. 1989)<sup>19</sup>. The household is further the undeniable principal site within which healthcare and childrearing choices are made, and these factors make it a natural focus for research on the themes of this study. Nonetheless, larger political, social and economic forces play on household realities, and impact conduct, and this makes it useful to also locate the household in the context of the village, the larger unit at which social life, welfare programs and formal local self-governance is organised.

The potential and scope of an in-depth study of a specific case to offer findings generalizable to a wider context has been a central consideration in ethnographic work and many have pointed out the futility in attempting to find a 'representative' village. Mitchell (in Ellen & Firth 1984) emphasizes that the logic in case study research is not to look for typicality, and that the search for a "typical" case or the apt illustration is likely to be less fruitful than the search for the "telling" case. A single village cannot be typical or representative in the full sense, yet the particular circumstances surrounding the case, close engagement with the field situation, and knowledge of relationships among actors and events could serve to reveal interconnections of theoretical significance (1984: 239). Further, while many features may make a village unique, the history of in-depth village based research also suggests that cultural and political characteristics are frequently shared in the wider geography beyond a village, and as Andre Beteille puts it from the context of his village-based work on caste and power in Tamil Nadu, social relations, governed by norms and values have a certain generality that can be verified by making even casual comparisons in adjacent villages (Béteille 1965:1).

The overall justification for the study is that it offers an unusual ethnographic account of the drivers of reproductive health and child nutrition, subjects that are under researched from this lens and as we discuss further below, under researched for the selected study geography, a Chhattisgarhi village. The research project then, is an enquiry at the intersection of the sociology of gender relations, of demography as an interdisciplinary science, of public health studies and of area studies, and situated in a central-Indian village literally and figuratively 'between India's north and the south'. While the purpose is not to come forth with specific recommendations for social policy, the questions raised by this grounded engagement have policy implications.

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<sup>19</sup> See for instance Haddad et al. (1996) for a discussion.

Having discussed the background and justification for the research study, I go on in the subsequent section to discuss the choice of Chhattisgarh as the research location. Following this, Section 1.4 outlines the structure of the remaining thesis.

### **1.3: THE CHOICE OF CHHATTISGARH**

The geographical expanse of the Gangetic plains and much of India's northern, central and eastern regions have historically been home to disproportionate numbers of its poor, and compared unfavourably to southern India on overall state of the economy, governance capacity, and development indices such as literacy rates, fertility and mortality. Four major states of the Hindi heartland having high fertility and obstinate levels of deprivation were labelled with the acronym BIMARU that in Hindi means 'sick' or proneness to being sick. Overtime this abbreviation is less used and an expanded group of states from northern and central India- based also on the criteria of high-fertility they experienced - were designated as 'EAG States' needing an Empowered Action Group (EAG) for special developmental attention<sup>20</sup>. My interest was in picking a state and village in this wide, largely deprived region for the case study.

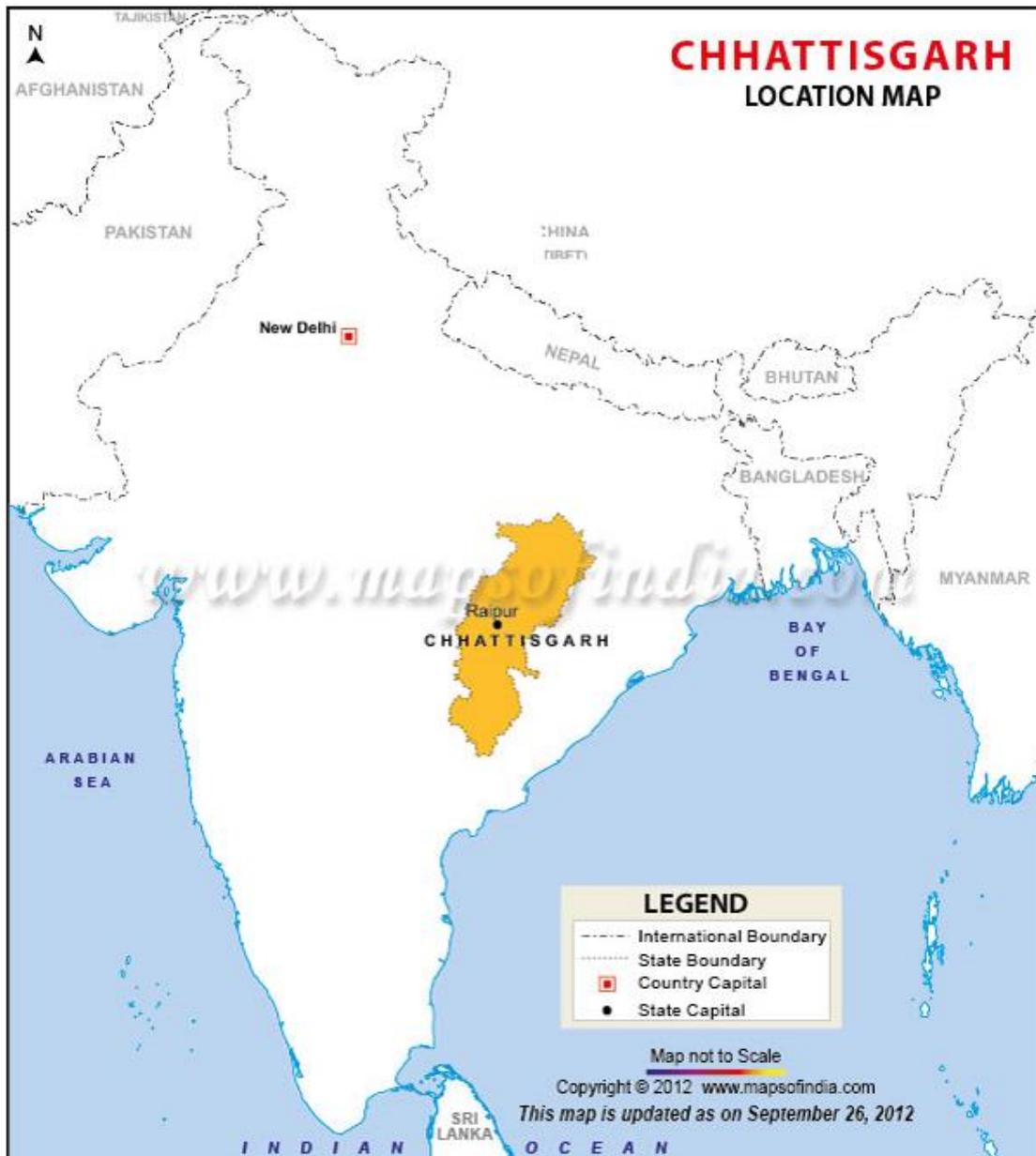
Given this general criterion, and the fact that my questions prior to field site selection were not focused on a specific ethnic group or community, a wide range of rural locations could have lent themselves to my inquiry. However, I was interested in an everyday village situation that had mixed ethnicity. I decided to go with the choice of a village I call Nariar, located in the rice-growing plains of central Chhattisgarh, a relatively recent state that was cleaved out of the state of Madhya Pradesh in the year 2000. The state, like others in the EAG category, fits my overall criteria of being one that had a historically poor reproductive health and child development record, and was also a state I was familiar with from previous engagements<sup>21</sup>. Map 1.1 below indicates the position of Chhattisgarh and study location Raipur district in India. Box 1.1 describes the selection of the anthropological location

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<sup>20</sup> BIMARU is an acronym used to refer to the 4 central and northern states of Bihar, Madhya Pradesh, Rajasthan and Uttar Pradesh that do poorly on population and development indices. A wider range of states (Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Orissa, Rajasthan, Uttar Pradesh and Uttaranchal) based on fertility criteria, are now called the 'EAG States'.

<sup>21</sup> Familiar from my prior to PhD work at the ICICI Centre for Child Health and Nutrition. I had existing relationships in the capital city Raipur to build from, but was not closely familiar with any specific field location or geography.

Map 1-1: Chhattisgarh - Location in India



### Box 1-1: Selecting the anthropological location – the village Nariar

An interest of the research project was to examine its questions in the context of a commonplace rural situation. The emphasis was not on a specific community or ethnic group, but rather a commonplace, heterogeneous rural setting. Given this criterion, I selected a village in Chhattisgarh's central plains, rather than in the region of Bastar or the northern hills of the state, which have greater *adivasi* concentrations. Other considerations in field-site selection were to pick a location that was not expected to see any major disruptions over the study period (such as Naxalite-related concerns common in certain districts of the state), and further, given the in-depth nature of the study, to find a village of 'appropriate' size that would facilitate detailed qualitative work.

Additionally, I looked to keep to regions within a three-hour road distance from Raipur to facilitate travel. The tribal belts and villages with more homogeneous groups were excluded from the research as were centres of major industrial activity (such as Bilai or Bilaspur). Based on Census of India 2011 data, a rough shortlist of villages across 2 districts (Raipur and Kawardha) and 4 rural blocks in these districts was made. The villages were shortlisted based on Census data, to include those that had a significant representation of both scheduled caste (SC) and scheduled tribe (ST) groups apart from other non-SC/ST populations. The included villages further met an 'appropriate population' criterion of between 750-2000 persons. This rough population range was set with a view to facilitate in-depth work. Of these 6 villages - both remote and relatively well connected - were visited and 1 was selected. In this first call to 5 of the 6 villages I visited, I was accompanied by representatives of the Mitani Programme (a state wide community health worker programme supported by the National Rural Health Mission), yet the representatives who accompanied me were not particularly familiar with the village I was visiting and my interactions in the villages were little affected by their identity or village connections.

On comparing visited villages, the selected village Nariar shared many characteristics common to others including social groups, though it stood out in that it was also home to a tribe that from appearances in this first scoping visit was more deprived, and visibly more undernourished than *adivasi* groups in other visited villages. I was drawn to this tribe and their situation from this first visit, and their presence in Nariar held the promise of building an interesting element of diversity into the study context. The presence of the Pardhi tribe and the village's relatively easy transport networks to Raipur were factors that led me to select it.

While I was aware that population level sex ratios were relatively egalitarian for the region of Chhattisgarh, it had not been a defining consideration for me when picking a site for the research study, and other indices for the region indicated adverse-to-Indian-averages for development and nutritional outcomes. I was to discover that this population indicator, which I had under-considered, was an important marker of the region's distinct middle-Indian cultural identity and not entirely understood institutions of gender. Furthermore, apart from being understudied, the cultural distinctiveness of the region is often overlooked<sup>22</sup>. In popular imagination, the region evokes either an undifferentiated tribal identity, synonymous with the

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<sup>22</sup> There is a distinct north-south difference in the socio-cultural landscape of India which is widely referred to in "Indo-Aryan" and "Dravidian" terms (there is historical and theoretical debate on the Aryan invasion and its cultural influence on the Indian subcontinent though as discussed by Trautman (1997) and Thapar (1996). Chhattisgarh lies at the confluence of these north-south cultural streams.

*adivasi* or 'tribal' region of Bastar that dominates the southern flank of the state<sup>23</sup>, or its character is conflated with the popular discourse and understandings of larger Hindi speaking north-India, with which the language Chhattisgarhi shares roots<sup>24</sup>. Besides, given that until it gained statehood in the year 2000 the region was part of larger Madhya Pradesh (MP), pre-2000 routine time-series data including those related to demographic, health and nutrition indices for the region are often obscured or hidden in aggregates of MP. While there is some scope for disaggregation of existing past demographic or other survey data from that of erstwhile larger MP, the Chhattisgarh region has tended to be neglected in scholarly demographic or health work. Thus there has been little data on demographic or health trends, and analysis on what may be the underlying socio-economic variables shaping them.

In ethnographic academic writing too, the central plains of the state are underrepresented. While Chhattisgarh was the site for some pioneering ethnographic work of Verrier Elwin that set a precedent for subsequent work in the same vein by first generation Indian anthropologists on preliterate societies or tribes in the hills of Bastar<sup>25</sup>, the central rice-growing plains of the state, home to more heterogeneous and non-*adivasi* communities, have historically received comparatively little attention. Studies which draw on the plains of Chhattisgarh include Jonathan Parry's wide-ranging commentary on various aspects of social life, and its transformation with industrialisation, drawing from research in the ex-villages, now urban settlements, surrounding the Bhilai Steel Plant (Parry 1999, 2001). Saurabh Dube's anthropological and historical perspective on the Satnami community, and on Christianity and modernity (Dube, 1998, 2004); Lawrence Babb's study of everyday religion (Babb, 1975); Edward Jay's examination of the phenomenon of ceremonial friendship (Jay 1973) and Joyce Flueckiger's work on folklore (Flueckiger 1983, 1991) are other notable studies. This body of work, while drawing from and presenting valuable interpretations of the central plains of Chhattisgarh, does not examine the themes of reproduction and child nutrition in the early years. Furthermore, there is still much to uncover on the fundamental social institutions of this region, such as those of kinship and gender, and important all-India comparative works have only assumed a cursory treatment of this

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<sup>23</sup> Chhattisgarh, has a large population of Scheduled Tribes (30.6%, by Census 2011), which have a greater concentration in some districts, notably in the erstwhile larger region of Bastar (now divided into sub-districts).

<sup>24</sup> Chhattisgarhi, which is spoken in much of the more densely populated Central plains of the state, belongs to the Indo-Aryan linguistic group, and is similar to Hindi. *Adivasi* languages of Bastar (Gondi, and others), more spoken in the Bastar region belong to the Dravidian linguistic group.

<sup>25</sup> See, for instance, Elwin (1947) on the Muria, and Dube (1951) on the Kamar.

region, given that such little research has existed<sup>26</sup>. The present study adds to our understanding of this under researched region, and the little examined themes of reproduction and child rearing.

Despite inter-regional variations there are some enduring features and characteristics that are common to the regions within the state, and Nariar as a village located in the central plains of the state shares certain cultural characteristics common to the larger region and to rural Chhattisgarh overall. While drawing of cultural boundaries would be an inexact exercise, it could be said that the rice growing tracts around the central plains share many characteristics, and this is echoed in other ethnographic accounts of rural life from the region (Babb 1975, Parry 2001)<sup>27</sup>. Thus the potential to generalise from the study village Nariar, is to be seen in this context<sup>28</sup>.

## 1.4: THESIS STRUCTURE

Having justified the research subject and the context within which it is studied, in this section I outline the thesis structure. The next two chapters describe and analyse the relevant background, important for placing in context our subsequent discussion on the empirical material of the thesis. Chapter 2 reviews the literature and presents an overview of concepts, and in Chapter 3 I outline the ethnographic setting and profile of the village, an exercise important for the reader to gain familiarity with the research setting. Both these chapters set the ground for our analysis of the empirical data, over the subsequent five chapters (Chapters 4-8).

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<sup>26</sup> For instance in two key all-India works – Sopher's seminal work on the cultural geography of India as well as in Barbara Miller's important review on gender in India 'The Endangered Sex' - a key reference on marriage-payments and women's social position, the region of Chhattisgarh, a part of Madhya Pradesh is given a cursory treatment. Sopher mentions Chhattisgarh as a folk region with a distinct identity but says little more (Sopher 1980:54), and Miller's review of Lawrence Babb's ethnography does not recognise that the region has had a history of 'bride price' (Miller 1981). Furthermore, scholars recognize that much is unknown about kinship in this region. For instance, Karve's seminal omnibus says little more than that this region falls in the Central transition zone (1968:193-194).

<sup>27</sup> Broadly speaking, the southern regions of the state synonymous with the Bastar plateau have a more tribal or adivasi identity with linguistic and socio-cultural characteristics distinct from the rice-growing tracts. Gondi and other Munda languages spoken primarily in the larger Bastar region (including Dantewada, Sukma and Bijapur) have Dravidian roots, unlike Chhattisgarhi of the central plains, a dialect of Hindi with Indo-Aryan roots. There are also inter-regional differences in kinship and marriage.

<sup>28</sup> The village Nariar shares many social characteristics with villages in the larger region, though the presence of the Pardhi tribe, a community with a nomadic past that has settled in the village, is unusual. I discuss the ethnographic context further in Chapter 3.

Chapter 4 takes up the first sub-question, discussing the sociology of gender relations in the Nariar region for its reproductive health and child development implications. I discuss the institutions of gender; in particular, kinship systems and the economy within which gender-relations are embedded, and the implications of female power here for reproductive health and nutrition.

The succeeding three chapters (Chapters 5, 6 and 7) address the second and third sub-questions, and analyse the dual and interrelated cultural and economic considerations as they mediate reproduction and child development. In Chapters 5 and 6 I examine culture as ideational systems in the context of available economic resources. Chapter 5 presents data and background common to the discussion across Chapters 5-7, and in Chapter 5 I also examine specifically the stage of pregnancy and implications of household resources and health behaviours for maternal health and foetal growth. In Chapter 6, I discuss their implications for the important stage of the immediate post-partum, and early childhood from the perspective of both the mother and young child.

In Chapter 7 I broaden the analysis to consider economic factors as they influence and perhaps generate, within a context of cultural identity, what is conceivably a nutrition poverty trap, for the specific *adivasi* Pardhi community in the village. I discuss here the case of the tribe and their work under a public works programme, a curious situation, which is instructive on the cyclical cultural-economic-nutrition-poverty trap I identify in this community.

Chapter 8 maps onto the fourth sub-question, and completes the discussion from the point of view of local political processes, power, and the everyday state as they mediate public welfare programmes of relevance to health and nutrition.

In Chapter 9 I synthesise the main arguments and contributions the thesis makes and reflect on their implications. Overall I argue that women's social position influences son-preference and fertility, but that beyond this, the implications of female autonomy for reproduction and child development are not predictable. Furthermore, I discuss the implications of my observations for theories on cultural and economic determinants of female power.

I argue that judged against biomedical norms, health and childcare behaviours shaped by ideational beliefs are at greater variance for the post-partum stage than during pregnancy. For the post-partum stage, cultural beliefs overshadow economics, and vary prominently from recommended biomedical practice, which could be damaging to nutritional status. Yet while these have a clear 'ideational' component, they are also rooted in fear of both ill health and economic distress, and perhaps also have a 'rational' element that I suggest is rooted in the historical experience of vulnerabilities in a poor health environment. I argue from the

curious case of the nutritionally vulnerable Pardhi tribe, and their work under the public works NREGA programme that poverty traps can have cyclical cultural and nutritional roots with implications for health and nutrition. Productive activity involving high energy expenditure, while economically attractive, can be rejected in contexts where communities work to preserve 'body-capital', and further conventional classifications of what is considered routine unskilled work may be rejected from cultural unfamiliarity.

Furthermore, entrenched and persistent local political rivalries for the Panchayat seat of power arbitrate the exclusion of the village's most marginal residents by the everyday welfare state.

## Chapter 2 THEORETICAL CONSIDERATIONS AND CONCEPTS

In the previous chapter I presented an overview of and justification for the study. In this chapter I discuss the academic literature of relevance and present an outline of concepts under discussion in the thesis. As an academic piece, the thesis overall fits with the body of multi-disciplinary works on reproduction and childrearing, and given the focus of its questions, it draws on a wide range of literature. I have reviewed the biomedical evidence important from the perspective of justifying the research project in Chapter 1, and refer to biomedicine further mainly in the empirical chapters, as a point of reference for the analysis. While there are plural systems of healthcare and medicine that could serve as a reference for the analysis, and biomedical science has limitations, certainly as it relates to nutrition, biomedicine continues to remain the most widely used medical system. Biomedical norms inform international recommendations on health, and dominate “official” views on the subject<sup>29</sup>. In this chapter then, I focus on outlining other relevant literatures and concepts.

I begin in Section 2.1 with a review of key literature on the regional geography of gender, gender inequality and its demographic health and nutrition implications. I further discuss ambiguities in the conception and measurement of female power. I then move onward in Section 2.2 to discuss literature on cultural beliefs on health and nutrition, as well as literature on nutrition as it relates to poverty. In Section 2.3 I review literature on local politics and the everyday state, relevant since the state in the context of India is important for policies that address social problems. My treatment of the literature and concepts here in this review does not attempt to be exhaustive, but is focused more on the key ideas and arguments of interest to my research questions. This is also in the interest of reducing repetition, since I further treat and extend the literature presented in this chapter, within the text of the empirical chapters where it has a more organic connection to the analysis. I also discuss it in annotations and footnotes in the course of the thesis.

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<sup>29</sup> For instance the World Health Organisation (WHO) recommendations on child growth and infant and young child feeding are international norms.

## 2.1 THE QUESTION OF GENDER INEQUALITY

### GENDER, ITS REGIONAL GEOGRAPHY, AND IMPLICATIONS FOR REPRODUCTION AND CHILD DEVELOPMENT

There is a wide body of scholarly literature on the connections between the social position of women in Indian society and demographic outcomes, with the geographical patterning of gender and the Indian sex ratio being a subject of particularly voluminous attention (Visaria 1971; Sen 1992, 2003; Dyson and Moore 1983; Basu 1992; Murthi et al. 1995, Agnihotri 2002)<sup>30</sup>. Gender inequality has long been argued to influence demographic outcomes such as sex ratios, fertility rates and survival, and more recently, particularly following the work of Ramalingaswami et al. (1996) it has also been viewed to have important implications for health and nutrition beyond questions of survival<sup>31</sup>.

Ever since the puzzling patterns were noticed in early surveys of the sub-continent by British enumerators, the aggregate adverse to female sex ratios of India and their more sharp expression in its northern states, have been brought to public attention by a range of scholars. Prominently, the early work of Pravin Visaria highlighted the extent of female mortality bias in the country (Visaria 1971); Barbara Miller's seminal text nuanced its cultural roots (Miller 1981); Monica Das Gupta's work was important in demonstrating that discrimination against females is 'selective' (Gupta 1987); and Amartya Sen's popular 1992 editorial with the striking title 'Missing Women' argued that female mortality disadvantage reflected the deliberate neglect of care, health and nutrition needs of female children (Sen 1992). Revisiting the argument in more recent times Sen and others have pointed to a turn from sex-bias in mortality to sex-bias in natality that continues to influence adverse to female sex ratios in India (Sen 2003). What the roots shaping female undervaluation and its north-south demographic manifestation are is an unresolved question, and cultural and economic explanations have been put forth.

One set of arguments has emphasised the aspect of women's economic value, and women's productive roles as bearing on their social positions and consequently on demographic outcomes. Work in this area has built on Esther Boserup's arguments on

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<sup>30</sup> The question of female mortality bias also has a wider relevance beyond South Asia, for Asia as a whole (Guilmoto 2009; Sen 2003).

<sup>31</sup> Notwithstanding conceptual confusions in common terms of female power such as women's status or female autonomy, and measurement limits, as I discuss further on in the chapter.

women's role in agriculture- that women's work input is directly linked to their social status, and that the nature of marriage payments - whether the exchange involved the payment of a 'bride price' or 'dowry' - reflected the social value placed on a particular sex (Boserup 1970: 35-39). Bardhan's 1974 conjecture on the advantages of female labour and hence female 'worth' in wet-rice agriculture of south India, as a possible explanatory variable for India's north-south demographic patterns has been of particular influence here (Bardhan 1974), and Barbara Miller's seminal review further established the importance of women's role in economic production for her social positioning (Miller 1981).

In contrast to arguments emphasising female 'economic' worth, an influential line of thought is exemplified by Dyson and Moore's longstanding thesis (Dyson and Moore 1983). Positing what has come to be known as a *cultural* model, they propose an explanation whose scope stretches beyond the question of sex-ratios to include wider north-south differences in demographic trends, including differences in fertility and mortality. They persuasively argue that it is kinship systems and their divergent structural principles in northern and southern India that shape 'female autonomy' which they establish as 'the capacity to manipulate one's personal environment'. They are concerned with decision-making ability with regards private concerns and concerns of intimates<sup>32</sup>. In their model higher female autonomy is more consistent with southern than northern kinship, going significantly to explain north-south differences in survival, fertility, sex-differentials in mortality, and also practices of childcare (Dyson and Moore 1983: 45)<sup>33</sup>. While they do not offer kinship to be the ultimate explanation for these differences and recognise that culture may be shaped by economic or historical circumstances, they argue that there are not always parallels between economic systems

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<sup>32</sup> They make a distinction between 'autonomy' and 'social status'. They argue that social status also invokes the idea of 'esteem', which is not intrinsic to the differing social positions of north Indian and south Indian women. Their concern is 'autonomy' and in their words autonomy indicates "the ability technical, social and psychological - to obtain information and use it as a basis for making decisions about one's private concerns and those of one's intimates", and equality of 'autonomy' implies equality of decision-making ability between the sexes (Dyson and Moore, 1983:45).

<sup>33</sup> They argue that the exogamous principles in selection of marriage partnerships of north Indian kinship, lead to socio-cultural consequences unfavorable to women's autonomy, distancing them from natal kin, encouraging early marriage, production of male heirs and high fertility while influencing overall patterns of childcare and gender discrimination in resource allocations. In contrast they argue that South Indian kinship principles particularly the preference for consanguineous marriage, lead to socio-cultural consequences less alienating to women and more favorable to their autonomy. Additional principles linked with primary dimensions of exogamy/consanguinity in selection of marriage partnerships include a) for northern kinship: cooperation among male kin related by patrilineal descent and women generally not inheriting property, and b) for southern kinship: male cooperation between kin by marriage and descent, and women sometimes inheriting/transferring property.

and female autonomy, and it is most useful to take culture (which from their paper comes across as 'kinship') as a primary determining factor (1983: 47- 48)<sup>34</sup>.

While work based on available data has aimed to examine and reconcile the cultural and economic explanations for female agency, and its demographic implications (Murthi et al. 1995; Malhotra et al. 1995; Agnihotri 2000; Harriss and Watson 1987), these explanations have been at a pan-India level, and not state-specific in analysis. Further given the lack of region-specific data on kinship systems, the criteria used have often been less than ideal. For instance, Agnihotri (2000), places all districts that do not fall into the core Indo-Aryan exogamy model of kinship as 'other'<sup>35</sup>. Rahman and Rao argue that such indicators, based on limited data gathered by the census, often do not capture the complexity of kinship structures, social organisation or women's empowerment, and often do not represent all the variables of importance, such as dowry, kinship and purdah that are relevant to the analysis as suggested by Dyson and Moore (Rahman and Rao 2004: 243). Harriss and Watson (1987) also scrutinise the cultural and materialist explanations for north-south differentials in sex-ratio in light of available data, and conclude that neither materialist explanations based on women's roles in agricultural production, nor those such as Dyson and Moore's cultural explanations linking female autonomy to forms of property control and transfer are fully supported by empirical material (1987: 114).

It is useful to examine these explanations of female agency and their demographic and health implications in the context of Chhattisgarh, since there is little work in this region on the subject. Besides, the region is one where kinship systems are mixed, and data from the region have been missed in important review works. Barbara Miller's 1981 review remains an important all-India work on women's social position, though Chhattisgarh has received cursory treatment in it. From her review of the only piece of ethnographic work from the region of Chhattisgarh, Lawrence Babb's unpublished PhD thesis, Miller refers to the presence of dowry as a marriage payment amongst propertied groups, but does not discuss the practice of bride price, a practice that was discussed as 'commonplace' in Babb's published book based on the same research (Miller 1981). Either Miller missed this in her review or bride price was not discussed in Babb's unpublished PhD thesis, but finds a mention in his published book on the same work (Babb 1975). Miller's review continues to be

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<sup>34</sup> They recognize arguments proposing that the historical cause of differences between the north and south may lie in 'agricultural ecology' and the value of women's labour in southern rice-farming systems (Bardhan 1974), but suggest that it is useful to view culture as the primarily determining variable, given that spatial overlaps between agrarian ecology and socio-cultural variations are not absolute.

<sup>35</sup> He uses just 2 categories, Aryan and Other as his criteria of kinship. Further, with relation to fertility for instance, patrilocal exogamy is measured by excess of female over male migration.

the major study mapping the geography of gender in India based on village-level ethnographic literature, and given that there has been little subsequent work, material from this region has been overlooked in the understanding of the cultural and economic arguments shaping female worth, and its links to reproductive health and other demographic outcomes.

Before moving on to the question of gender-inequality and its links to health and nutrition beyond survival, I wish to briefly touch upon another dimension of interest with regards female autonomy and fertility, and this relates to the mediating effects of female education. Overall it is agreed that there is an inverse relationship between fertility and education (Jejeebhoy 1995, Jeffery and Basu 1996, Basu 1999; Dreze and Murthi 2001; Mari Bhat 2002). Dreze and Murthi (2001) argue for instance that there is 'robust' evidence that female literacy has a negative and highly significant influence on fertility rate, while others such as Jejeebhoy (1995) maintain that the overall level of socioeconomic development as well as factors such as kinship systems complicate the general assumptions between education, fertility and female autonomy (Jejeebhoy 1995). Mari Bhat suggests that the relationship between fertility and education is dynamic rather than static, and that more recent data shows a substantial drop in fertility among uneducated women as well (Mari Bhat 2002).

From village based work examining fertility behaviour amongst two different population groups - the Jats and the Sheikhs - in Bijnor, Uttar Pradesh, Jeffery and Jeffery argue that the relationships between education, usual indicators of female autonomy, and fertility were not always direct or unilinear, and were moderated by questions of structural power. Their data revealed for instance that for the Jats, there was no evidence that educated women were having fewer children than others, and for the Sheikhs there was only a marginal fertility difference between women who received a Quranic education and those who did not (Jeffery and Jeffery 1996: 172, 178). Decisions on contraceptive use were complexly made, rarely independently, and usually in collaboration; there was little difference between educated and uneducated women on dimensions of female autonomy (1996: 176). Their findings counter conventional understandings of the relationship between access to natal kin, autonomy and fertility. Surprisingly, a greater distance to natal kin – which is considered less favourable to female autonomy was associated with lower fertility (1996: 178-179).

Cleland and Wilson make a case for recognising the relative importance of 'ideational' over structural change in the initiation of fertility decline. While acknowledging that economic modernisation may matter for fertility decline, they argue that the evidence does not support the view that structural changes affecting family economics are responsible for initiating

fertility decline, and hence it is unwise to overly emphasise economic determinism (Cleland and Wilson 1987: 27).

Having reviewed key positions from the point of view of gender and its links to fertility and mortality, I move now to the question of gender-inequality and its links to health and nutrition beyond survival. While long-standing research attention has been directed to implications of gender inequality for demographic 'life and death' questions, more recently gender inequality has also been argued to influence quality of survival, and to be of disproportionate importance for South Asia. This argument grew in significance following the influential work of Ramalingaswami et al. who advanced the 'Asian Enigma' hypothesis proposing that South Asia's disproportionately high undernutrition had links with gender-inequality, with discrimination against women compromising their health and nutrition, foetal development, birthweight of children, as well as childcare (Ramalingaswami et al. 1996)<sup>36</sup>.

Subsequent work has built on this hypothesis, and pointed to the importance of women's societal position or 'status' and its links with maternal and child nutritional outcomes (Haddad 1999 Smith et al. 2003). In a well-known study analysing international demographic survey data, Smith et al. claim that 'women's status', which they define as women's decision making power relative to men, had a strong positive 'effect' in determining children's nutritional status, as well as a strong positive 'association' with women's nutritional wellbeing, prenatal and birthing care (Smith et al. 2003: 126-129). They further argue that women's relative decision-making power had a stronger positive effect for South Asia compared to SSA and Latin America, and that its impact on child nutritional status is stronger among poorer households<sup>37</sup>. More recently, Coffey et al. in a 2013 working paper seek to examine the conjecture that women's social status influences the heights of children, and using a novel measure of intra-household status – the rank of daughters-in-law (in their analysis wives of older brothers being assigned higher social ranks than wives of younger brothers), they argue that children of lower ranking daughters-in-law are shorter on average than children of higher ranking daughters-in-law in rural Indian joint households (Coffey et al. 2013).

Other work in this area has examined the pathway through which gender inequality operates to influence nutrition by way of its interconnections with maternal deprivation and child

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<sup>36</sup> The hypothesis is that South Asia's poor nutritional outcomes compared to Sub-Saharan Africa, despite South Asia's relative economic and other advantages had something to do with gender-inequality. They do not use terms such as female subordination or low status of women in tight conceptual definitions, but point to various forms of discrimination against women including neglect in nutrition and care, unfair workloads and demands on women's time, lack of freedoms for social interaction, decision making and independent behavior.

<sup>37</sup> See Annexure 2 for Smith et al.'s (2003) framework on relationships between women's status, childcare and birthweight.

health. Osmani and Sen (2003: 115) hypothesize a causal chain beginning with gender-bias that leads to maternal undernutrition with subsequent consequences for birth weight, child nutrition and adult health<sup>38</sup>. However the statistical support for the inference they make is, in their own words 'indirect', and has an important omission in the data analysed in that it does not include information on intra-household allocations of nutrients and healthcare. Available evidence on intra-household food allocations, as well as anthropometric growth indices does not lend unambiguous support to Osmani and Sen's proposition. Harriss-White, for instance, from a review of studies on intra-familial food allocations in India, finds that while there was evidence of discrimination in feeding practices and nutrient allocation, even when lower female nutritional requirements on most nutrients were considered, there was wide variation in its extent and nature, that discrimination was rarely dramatic, and did not always equate discrimination in nutritional wellbeing. Though allocative practices in the context of scarcity favoured adult men, Harriss-White argues that this could have an economic explanation as a household survival strategy given male advantage in the labour market. With respect to allocations of nutrient rich foods, her review finds more consensus on the observation that children of both sexes, adolescents and adult women, receive low shares while adult men receive larger shares (Harriss 1990). Data on food intake from the third National Family and Health Survey also indicate that the frequency of consumption of meat, curd and other micronutrient rich foods was higher for men when compared to women, indicating perhaps a better quality of diet for men. Further a significantly higher proportion of adult women were anaemic: 55%, as against 24% adult men<sup>39</sup>. Anthropometric evidence however points to no obvious female disadvantage in nutritional outcomes. Child anthropometric data does not reveal any significant gender difference (NFHS-3; Svedberg 2002)<sup>40</sup>. Adult Body Mass Index (BMI) indicators are extraordinarily poor for men and women both, yet there is a small gender difference with 51.8% of women having a normal BMI in comparison to 56.5% for men<sup>41</sup>. Further NFHS-3 reports that the prevalence of anaemia is higher amongst women than men. Wheeler (1991) points out that lower BMIs for women could be interpreted to mean potential female disadvantage in health and care but not in food.

Overall while the literature partially points to nutritional disadvantages to women, the body of work supporting the argument that gender-inequality or female social status influences

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<sup>38</sup> See Annexure 2 for figure on Osmani and Sen's proposition.

<sup>39</sup> NFHS-3 (2005-06). Biomedical evidence establishes a positive relationship between maternal micronutrient status and foetal development.

<sup>40</sup> However, this could be a consequence of a higher mortality rate among female children.

<sup>41</sup> NFHS-3 (2005-06). BMI is a measure of 'thinness'.

caring behaviour and child nutrition outcomes remains weak. While explanations based on gender inequality enjoy wide currency in the nutrition sector, evidence here is not unambiguous and merits deeper examination.

Having reviewed the key points of view with regards gender-inequality as it may relate to demographic, health and nutrition outcomes, I move to a discussion of female power, a subject on which widely and interchangeably used terms such as 'female autonomy' or 'women's status' display conceptual confusions and limitations for empirical measurement (Mason 1986; Kabeer 1999; Malhotra and Schuler 2005). The term 'women's status' for instance has been variously associated with women's autonomy, power, empowerment, authority, societal position, women's rights, and with patriarchy. Mason presents a useful discussion of how women's status as a concept is ill-defined and while it is usually used to refer to some dimension of gender inequality - power, prestige, or access to and control over resources - there remain certain conceptual confusions. These confusions relate to the multi-dimensionality of gender inequality, the fact that inequalities may vary across units of social organization, the confounding of gender and class positions and distinctions between access and control over resources (Mason 1986: 293-97). However irrespective of this multidimensionality of gender inequality, Mason suggests that in models of fertility or mortality determination only one aspect of gender inequality may turn out to be important. In her model, men's control over women within the household is important, and is assumed to reflect the sex's relative control over material and social resources, while prestige in this model is treated as epiphenomenal (1986: 288)<sup>42</sup>.

Given that the dimensions of autonomy and power to make decisions have been linked with nutritional and health outcomes in the model that Mason (1986) suggests as well as in other literature (Smith et al. 2003; Dyson and Moore 1983) these ideas are a reference point in the thesis. However, as Kabeer argues there is a gap between the processual understanding of power or empowerment and the more instrumentalist forms, which look for 'multiplier effects' from empowerment efforts, and hence emphasize measurement (Kabeer 1999: 436). Kabeer conceptualises power as the 'ability to make choices' and empowerment as expansion in people's abilities to make strategic life choices (Kabeer 1999). Furthermore, she views this ability to make choices as linked to the three interrelated dimensions of *resources* - economic, human and social; *agency* - the ability to define one's goals and act on them; and *achievements* - of having been empowered (Kabeer 1999: 435-38). She argues that while agency is often operationalised as decision-making in social science

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<sup>42</sup> See Annexure 2 for Mason's 1986 framework.

literature, it can take many forms including bargaining and negotiation, deception, subversion and resistance, as well as the more intangible reflection and analysis, and that while statistical measures give a glimpse of decision-making processes, they fail to capture its many complexities (1999: 438). Formal accounts of decision-making often paint a different picture from 'actual' decision-making, as women may have a 'backstage' influence (1999: 448).

Apart from the complexities of decision-making and ways in which female power operates, it is inadequately recognised that health and nutrition decisions often require cooperation. Employing a decision-making frame that emphasises 'autonomy' or 'independence' takes away from understanding decision-making complexities, and the fact that some decisions are better made collaboratively<sup>43</sup>. There is limited research on this 'collaborative' dimension of reproductive health decision making, and some research from Maharashtra on men's participation suggests that men overall showed a sense of responsibility about their wives' pregnancies, their participation was willing and positive particularly when they were 'knowledgeable' about care in pregnancy and childrearing (Barua et al. 2004)<sup>44</sup>. Further, Barua et al. argue that the health system did not adequately accommodate men.

Summing up, literature in both demographic and nutrition studies has recognised the centrality of 'power relations' between the sexes (Smith et al. 2003: 5-6, Mason 1987: 720), a person's ability to make choices exercised through decision making (Smith et al. 2003; Dyson and Moore 1983), and women's autonomy from male control within the household (Dyson and Moore 1983; Mason 1986; Caldwell 1986), which is enhanced by control over material and social resources (Smith et al. 2003; Mason 1986 pg. 288). There remain challenges however in both the conceptualisation as well as measurement of female autonomy as it connects to reproduction and child development.

In this thesis then, while I am interested in the idea of female power and examine the concept of 'female autonomy' as it is commonly used in reproductive and health literature in terms of decision-making within the household, overall I recognise its conceptual ambiguities, and further that it posits gender power as a zero-sum game. I therefore am interested in this thesis in wider characteristics of gender as they mediate health and nutrition, beyond the narrow lens of decision-making autonomy.

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<sup>43</sup> Jeffery and Jeffery (1996) also find that decisions on fertility for instance are rarely taken independently, and that an autonomy frame is perhaps inappropriate.

<sup>44</sup> They do not use a tight conceptual definition of 'knowledge', but refer broadly to information and understanding about the specifics of care – antenatal or childbirth related.

## 2.2 CULTURAL BELIEFS AND ECONOMIC CONSTRAINTS

For the purposes of this thesis, I conceive culture in terms of ideational systems - cognitive and symbolic forms through which meaning is experienced and expressed, a narrow and theoretically sharper definition compared to older all-encompassing views of the term – i.e. culture as an entire way of life or heritage of a people<sup>45</sup>. In contrast to theorists such as Ward Goodenough who views cultures as cognitive systems or ‘systems of knowledge’, theorists viewing culture as ideational systems have treated cultures as ‘systems of shared symbols and meanings’<sup>46</sup>. In his seminal work Geertz views culture as a system of symbolic meaning, and emphasises that symbols and meanings are ‘shared’ by social actors, and are ‘public’ not private (Geertz 1973), since structures of meaning are socially established. This thesis adopts the view of culture as shared symbols through which meaning is experienced and expressed - including through beliefs and ritual as well as everyday practices. The study further takes the broad approach in line with Keesing’s arguments (1974: 90) that culture as ideational systems are better studied not in isolation but as embedded within the social and ecological systems in which humans act.

In examining cultures as ideational systems, the study focuses on cultural aspects of food, nutrition and health as they relate to community health and nutrition more broadly and specifically with regards the physiologically sensitive life-stages of pregnancy, the post-partum and infancy. The study is concerned with ideas related to food such as food preferences or restrictions, and the symbolic classification of foods in different cultural contexts into categories such as hot-cold, wet-dry, pure-impure (Messer 1989). Practices around food and nutrition are known to be culturally shaped, particularly as they concern health, maternity and childcare (Pelto 1987; Pelto and Pelto 1997; Jeffery et al. 1989; Nag 1994). Pelto and Pelto discuss the way that the word ‘knowledge’ is often used in public health practice in terms of knowledge about a ‘biomedical fact’. These authors argue that contrasting the terms ‘knowledge’ and ‘belief’ by way of their ‘truth value’ is problematic and that the anthropological concept of ‘cultural belief’ is more appropriate, as it relates to belief systems of health professionals or of rural villagers alike (1997: 147-48). In the thesis, I use the term ‘belief systems’ with this understanding to refer to ideas related specifically to health and nutrition. Beyond a focus on health ideas, the study is also interested in culture as it shapes gender divisions of labour, social identities and values.

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<sup>45</sup> See Keesing (1974) for a discussion.

<sup>46</sup> Goodenough (1961) as discussed in Keesing (1974).

I now discuss briefly the ways in which cultural beliefs could shape health related practices with regards reproduction. To illustrate, pregnancy has been viewed in some studies as a 'heated state' requiring, for balance, a pregnant woman's consumption of foods considered 'cold', reflecting not physical temperature but symbolic cooling properties, with a view to maintain bodily equilibrium in protecting the foetus and preventing its abortion (Nag 1994)<sup>47</sup>. Brems and Berg's influential World Bank discussion paper from 1998 reviewed evidence from developing country contexts and suggested that women may not be increasing their food intake or maybe even 'eating down', from fear of the perceived positive relationship between food intake and foetal size with consequent implications of a 'large baby' for obstructed labour, in a context of limited obstetric care (Brems and Berg 1988). This view is echoed in some works on the subject from India. Nag (1994), from a review of studies on maternal diet in India highlights a variety of restrictions placed on foods during pregnancy, including 'eating down' during pregnancy and restrictions on consumption of foods categorized as 'hot', which often included meats and eggs<sup>48</sup>. It is important to note that the restrictions are often on nutrient-rich foods, which have a positive relationship with foetal growth and development and hence possible birth difficulties. Observations from south India have found that in the state of Tamilnadu, for instance, food restrictions in pregnancy could be dramatic and restrictive in ways that could take away from maternal nutrition (Ferro-Luzzi 1980). Nichter and Nichter from their study of 200 households in Karnataka also found some resonance of the idea of eating-down as related to small baby size, but discuss that some women associated eating down with a 'bigger baby', and that this latter idea was related to notions of 'space' available to the baby - the food and the baby sharing the same physical space with too much food squeezing baby growth space (Nichter and Nichter 1989: 46-47). Other ethnographic works have discussed that while ideas of avoidance of specific foods and eating in moderation may be voiced, in actual practice women may observe little change if any in diet during pregnancy (Jeffery et al. 1989: 77-78).

Many works on cultural beliefs as they shape diet observe that local beliefs on health promoting diet are most at variance from biomedical recommendations with reference to post-partum nutrition. Maternal dietary intake is significantly altered at this stage with a view to protect the interests of the mother and her breastfed child and a variety of food

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<sup>47</sup> In other studies separate trimesters of pregnancy may be distinctly viewed as hot or cool states with corresponding food recommendations (for instance Moni Nag 1994; Ferro-Luzzi 1980) Foods are commonly classified along the hot/cold duality amongst other categories - to reflect not physical temperatures but their symbolic meaning - perceived inherent heating and cooling properties.

<sup>48</sup> Eating down was linked to the perceived relationship between increased food intake and a difficult delivery, while 'hot foods' had a perceived link to a larger baby size. Among fruits, the papaya was particularly avoided because of the widespread belief that it has abortive properties.

proscriptions are observed (Jeffery et al. 1989: 77-78; Van Hollen 2003: 169-179; Ferro-Luzzi 1980: 109). Diverging from literature that has emphasised food beliefs and practices guided by humeral conceptions of 'hot', 'cold' food or other bodily states, Unnithan-Kumar's work from Rajasthan emphasises conceptions about maternal 'fatness' or 'thinness', and its links to breastfeeding behaviour. From fieldwork in rural Rajasthan she found that there was a belief across castes that women should eat less and drink less and that 'thin mothers make for fat babies' through better breast milk (Unnithan-Kumar 2002: 121). Likewise, practices around infant feeding and healthcare seeking are culturally shaped. Emphasizing the importance of '*emic*' views of child growth and development, Pelto highlights how parental expectations and interpretations around child growth and development affect child-rearing behaviour, healthcare seeking and feeding practices. In communities with widespread malnutrition, 'characteristics of deficit' such as short stature and other such markers can often become normative (Pelto 1987: 555).

Given this recognition of cultural influences, there has been a history of health education and Behaviour Change Communication (BCC) - also an important role of community health workers and ICDS Aanganwadi workers in India<sup>49</sup>. Approaches such as the 'Positive Deviance' approach, based on the idea of celebrating and making an example of 'good behaviour' families may exhibit, and the practice of 'Community Growth Monitoring' - where individual cases of children growing normally or faltering are publicly discussed are based on this understanding of the importance of health education for appropriate behaviour<sup>50</sup>. However, conventional nutrition education, with its assumptions that nutrition would be better if only communities and mothers "knew what to do", has been critiqued for its assumptions of maternal ignorance about appropriate healthcare and nutrition practices. It is oftentimes an irrelevant and humiliating experience, as households may not be in a position to afford health or nutrition prescriptions. Wheeler (1985) from her study of nutrition programs, including from Madhya Pradesh in India, argues that this approach places the onus of undernutrition on poor communities, particularly mothers, without considering larger social and structural deprivations and constraints, and reinforcing the myth of the 'stupid ignorant

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<sup>49</sup> The 'Aanganwadi worker' or '*karyakarta*' is the key worker managing the ICDS Centre in the village, and the community health worker, is usually a volunteer (or paid a small incentive) primarily for health promotion activities. Several analysts argue that the ICDS programme has overly focused on its food supplementation component rather than on health education (Ghosh 2006; Gragnolati et al. 2006).

<sup>50</sup> See Annexure 5 for a photograph from a Community Growth Monitoring meeting in tribal Maharashtra. The Government of Maharashtra in collaboration with UNICEF, had introduced a practice called the 'social audit'. This practice involved children to be physically placed on a community growth chart and a collective discussion of their nutritional status. In my observations from two such meetings, despite good intentions, the tone of the discussion is often paternalistic, apart from being insensitive and humiliating to mothers of undernourished children. See Marsh et al. 2004 and Fowles et al. 2005 for discussion on Positive Deviance as a strategy in health education.

poor'. She further describes how such health education can be a one-way didactic process, and mothers subject to such education often labelled as 'wilfully ignorant' – for stubborn refusal to adopt 'correct' behaviour (Wheeler 1985).

With this discussion of cultural beliefs and behaviour that is viewed to be of direct importance to health and nutrition, I now turn to questions of economic constraints and nutrition and on the interconnections between nutritional status, work capacity and poverty. I also examine here literature on how those who are poor may work in ways that appear to perpetuate their disadvantage, as this links in with the questions of resource availability.

Intuitively speaking, poor reproductive health and undernutrition is connected with poverty and socio-economic inequality, and this relationship is borne out by data from Demographic and Health surveys<sup>51</sup>. Further as I touched upon in Chapter 1, household food insecurity and lack of access to a basic balanced diet is argued as serving as a primary barrier to good nutrition for a majority of the population<sup>52</sup>. One aspect of household economics I examine then is 'food security' or the household access to food that is safe, sufficient and nutritious across the life-cycle. There are other ways in which economic factors influence nutrition and health and this is through the mediating influences of livelihood and work. Ramachandran et al. argue that maternal work compulsions of the poor influence nutrition since older siblings substitute for the mother's childcare role. Consequently the time-consuming and complex task of infant feeding is missed (Ramachandran et al. 2003). Moreover, nutrition has a long-term influence on work-capacity and work utility.

Dasgupta (1997) presents a useful framework for examining relationships between nutritional status, capacity for work and poverty. He argues that in the context of poor

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<sup>51</sup> NFHS-3 (2005-06), reveals that poorer groups along the wealth index, Scheduled Castes (SC) and Scheduled Tribes (ST) continue to have amongst the worst nutritional status. While 56% children in the bottom twenty percent of the wealth index were underweight for age, across middle-income groups, the figure was between 30-40%, while for the top twenty percent it was 19.7%. Other indicators also have a similar association. Yet undernutrition is a problem even among higher income groups. Even amongst the top twenty percent of the population by the wealth index - 20% children were underweight for age and 25% were stunted. Further states such as Tamil Nadu and Kerala, which typically compare favourably to most others on welfare indicators and have done notably better in reducing undernutrition, still have surprisingly high levels. For instance, 25% children between 0-3 years in Kerala are underweight for age. These figures are similar to averages of Sub-Saharan Africa, while on other indicators of child welfare such as Infant Mortality, Kerala does remarkably better than SSA and is often compared favorably with developed country figures. (NFHS-3 India Report, Chapter 10 Table 10.1)

<sup>52</sup> Groups such as Save the Children, Medicins Sans Frontiers and India's Right to Food Campaign are important advocates of this. Save the Children's international study from four developing countries (Chastre et al., 2007), Ethiopia, Myanmar, Tanzania and Bangladesh, aiming at identifying the minimum cost of a healthy diet, suggests that for 79% of the households in Bangladesh (the South Asian country in the study) a basic healthy diet would be unaffordable at 61 taka or \$0.91 per day per family. They emphasize a focus on quality of diet rather than food energy alone, and argue that policy directed at non-food related efforts – health and caring practices - diverts attention from the main problem, that of household food insecurity.

societies that harbour inequalities in asset ownership, poverty traps are a reality, and the nutrition-productivity link is a pathway by which people can fall into a poverty trap. An individual's nutritional and morbidity history affects productivity – poor nutrition lowers productivity, and nutritional history from the earliest life stages, including maternal history, can significantly influence life chances. In certain cases it is argued to perpetuate the intergenerational transmission of poverty, and he proposes that in some societies poverty in itself could be a cause of inequality (Dasgupta 1997: 33)<sup>53</sup>. At the household level survival needs can force unequal distribution of food – a demonstration of why a poor household cannot afford to treat its members equally. Further given rationing in labour markets with its implications for nutrition and work, over time inequalities emerge amongst people who were initially similar (Dasgupta 1997: 26-30)<sup>54</sup>. This is a useful framework for examining survival strategies and trade-offs that poor households have to make in the context of scarcity, and can be viewed in terms of examining gendered intra-household allocations of nutrient and healthcare resources, as also suggested in Harriss-White's review of food allocation studies (Harriss-White 1990).

With regards nutritional status and the capacity for work, Palmer-Jones and Jackson (1999) argue that the character and embodied experience of work and particularly the physical aspect of work is important to consider for nutritionally challenged populations. They discuss the burdensomeness of work in terms of the concept of 'body capital', which they view as the cumulative outcome of the bodily endowment at birth, the health history and social relations of work (Jackson and Palmer-Jones 1999: 558-61). They suggest that this aspect is often overlooked in a narrow focus on income-generating employment in public programmes. Their arguments raise a cautionary voice regarding the promotion of 'effort-intensive' employment in poverty reduction programmes especially in the context of rural populations who can ill afford the types of physical exertion entailed. Palmer-Jones and Jackson's work is relevant to the thesis from the perspective of nutrition as it influences work capacity, and abilities to take advantage of public works programmes.

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<sup>53</sup> He speaks of reverse causality – from poverty to inequality rather than the more commonplace understanding that poverty is a reflection/consequence of inequality.

<sup>54</sup> Dasgupta discusses this in the context of agricultural labour markets based on assumptions that a person could either work as agricultural labour (where wage rates are equal to energy intake at which efficient productivity is attained), or live off the commons (which did not meet food energy requirements and therefore meant some deterioration in nutritional status). A section of the population not employed, experiences deterioration in nutritional status and given differential work and nutritional histories different classes of people emerge overtime.

Interconnected with the theme of economic status, culture and nutrition are arguments that consider why the poor appear to behave in ways that perpetuate their disadvantaged situation. This discussion is important to the thesis from the point of view of its direct links to questions of availability of economic and other resources such as public programmes and to resource use, including in ways that could promote nutrition and health. A prominent line of thinking in this regard has followed the work of Oscar Lewis and is identified as the 'culture of poverty' (Lewis 1959, Moynihan 1965), an argument which argues that the intergenerational passing-on of value systems tends to perpetuate poverty. While making a distinction between impoverishment and the 'culture of poverty', i.e. not all who are impoverished share a culture of poverty, Lewis argues that the poor who are alienated, marginal, vulnerable and have little class-consciousness, tend to acquire attitudes, beliefs, value systems and practices that perpetuate their condition irrespective of change in structural factors that cause poverty (Lewis 1959, 1998). This view that poverty may be determined by culture was extensively debated in the 1960s and has been widely critiqued for blaming the victim (Ryan 1976), for discounting the structural causes of poverty (Rogalsky 2009), and for not fully standing up to scrutiny by data (Coward et al. 1974). A generation of subsequent scholars distanced themselves from the idea that poverty could have something to do with culture, though more recently there is renewed interest on the themes of culture and poverty (Small et al. 2010).

More recent and prominent work from the discipline of economics has also sought to examine questions of why the rich and poor alike tend to 'not do the sensible thing'<sup>55</sup>. Banerjee and Duflo propose the idea of 'time-inconsistency' – the difference between our more impulsive actions in the present and the ways that we think about the future as important in explaining decision making and resource use (Banerjee and Duflo 2011)<sup>56</sup>. They further discuss how in the case of the poor, psychological processes such as stress and a loss of hope may reinforce difficulties and shape the taking of more impulsive decisions. Mullainathan and Shafir examine the effect of scarcity on psychological processes and argue that it is 'scarcity' of a range of resources which captures the mind, making it work in ways that hinder considered decision making (Mullainathan and Shafir 2013).

Having now discussed important works of interest from the point of view of cultural beliefs as they influence behaviours known to have a direct influence on health and nutrition, and having examined literature relating to the interconnected themes of culture and poverty as

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<sup>55</sup> Using Abhijit Banerjee's words here from his interview to Decca Aitkenhead in *The Guardian* (April 22, 2012).

<sup>56</sup> They take the example of our thoughts about a gym membership and future fitness alongside the immediate impulses to consume tempting or unhealthy foods.

well as nutrition and work-capacity, important particularly for my discussion in Chapter 7, I now move in the next section to discuss literature from the perspective of local politics and the everyday state. This is important for understanding how health and nutrition policy measures are implemented at the village level, and from the perspective of local state failure. A wide body of work analyses the ICDS or health interventions under the National Rural Health Mission from a programmatic perspective<sup>57</sup>. While this is relevant, my interest in the thesis is not a programmatic analysis of health or nutrition welfare initiatives. Instead I seek to examine here literatures from the perspective of community engagement with the local state, and its failures - important to my discussion of sub-question 4.

## 2.3 LOCAL POLITICS AND THE EVERYDAY STATE

Anthropological writings have pointed to the inherent difficulties in conceptualising and studying 'the state'. While the state is often portrayed as having a unitary or autonomous character that is gender neutral and speaks in one voice, anthropological works have widely dispelled these representations, revealing that the state is not a universal monolith, but a fragmented entity, which operates across multiple levels and geographical locations and with purposes that are variously constructed (Abrams 1988; Fuller and Benei 2009; Gupta 1995, 2012; Corbridge 2005). Important from the viewpoint of this thesis is the body of literature that points to the ambiguities in the drawing of distinctions between the 'state' and 'society', to the "blurred boundaries"<sup>58</sup> between the two and to the state's role in furthering resource appropriation.

From a review of case studies examining the operation of the Indian state, Harriss-White concludes that "*the cases (in the review) refute the idea that in the India of the 88 per cent there is a separation between State and society*" (Harriss-White 2003: 77). Referring to the 88 per cent of the population that lived in rural areas or in small towns by the 1991 census, she argues that in India there is a large '*Shadow State*' that is in part made up of 'shadow' roles – such as accepting tribute, patronage and/or clientelage - played by representatives of the actually existing state. It is further made up, she contends, of the range of people living on state-intermediation and patronage, such as contracts from the state. The interests of the

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<sup>57</sup> See for instance Ghosh (2006), Saxena and Srivastava (2009), Gragnolati et al. (2006), Sundararaman (2006, 2007), and articles in a special issue of the Economic and Political Weekly Vol. XLI No 34 August 26, 2006.

<sup>58</sup> Expression borrowed from Gupta (1995).

shadow state, she argues lie in the perpetuation of a stricken and porous formal state, and importantly, norms of the 'shadow state' become norms of the society and are particularly hard to confront (ibid: 89).

One set of arguments has attempted to interpret the realities of the everyday state in India, in terms of the incompatibilities between the ideas of a modern state with the structures and social notions of Indian society, which shape worldviews. Scholars such as Sudipta Kaviraj and Partha Chatterjee are identified with this viewpoint. Kaviraj argues that there is an important divergence between the life worlds of the 'elite' and the life worlds 'vernacular' India to which much of rural India belongs, and further between the 'vernacular' discourse and understandings of the state that lower-level-public-officials hold, and those held by the English-speaking upper-echelons of the bureaucracy, that has been influenced by Nehruvian ideals. He argues that public officials who are very low down the bureaucracy have life-worlds shaped by considerations such as family, kin, caste and community and reinterpret mandates of the higher bureaucracy 'beyond recognition' (Kaviraj 1990; 2010). Further as Satish Saberwal notes, the state institutions have been deprived of the 'normative support necessary for their reliable, effective functioning' since the western logic of the institutions is inadequately understood or respected (Saberwal 1996).

While recognising the differences in the life worlds between the elites and much of rural India that Kaviraj alludes to, some authors have contended that perhaps Kaviraj assumes too stark a distinction between vernacular and elite understandings of the state (Corbridge 2001; Fuller and Harriss 2001). Fuller and Harriss discuss, for instance, that bureaucratic procedures and the language of the state are now familiar, and that the demotic understanding of the state is 'as much modernist as traditionalist' (Fuller and Benei eds 2009: 25). Further Corbridge et al. argue that people make sense of the idiom of the state and use it to further their interests. They describe for instance how leading members of the 'vernacular society' in Kaviraj's terms, buy into the discourse of development as modernisation, and work closely with members of 'elite' society to bring this about (2005: 172). Corbridge discusses that it may be useful to view the state in India, and its failures in terms of Jean-Philippe Plattau's arguments with regards the idea of 'Generalised Morality', which Plattau contends are based on identity or loyalty feelings to a larger reference group (Corbridge 2001). Corbridge argues that the idea of 'Generalised Morality' finds little place in

everyday rural India and there is little understanding of the rational and disinterested norms that are to inform the practices of the state (Corbridge 2001: 85, 87)<sup>59</sup>.

In terms of accounts of the everyday state from the perspective of the ICDS programme, Akhil Gupta's ethnography is a lucid one (Gupta 2001; 2012). Gupta analyses Foucault's idea of 'governmentality' - which draws attention to the various processes by which a population is governed - in light of what he refers to as a 'benevolent' programme of the ICDS. He contends that while the biopolitical concerns of the programme are not entirely negative - since they also concern the welfare of the population apart from its control - the enlargement of the scope of regulation and concern represented by the ICDS programme produces new kinds of subjects and new kinds of resistances (Gupta 2001: 66). The techniques of enumeration and accountability that the programme has introduced, he argues have bred various forms of resistance to surveillance across individuals and community members occupying antagonistic positions (ibid: 66). For instance, aanganwadi workers employed various means to navigate and circumvent the procedures of bureaucracy, while community members refused to be governed, for instance by not cooperating with aanganwadi workers' efforts to weigh children, or refusing to answer survey questions (ibid: 94).

With regards the ICDS, as well as India's main community health-worker programme, the Accredited Social Health Activist (ASHA) programme, there have been some important conceptual tensions surrounding the positioning of key workers. Tensions surround conceptions of their roles as 'workers or volunteers', as 'service-providers or activists' and as 'representatives of the community or the state'. Gupta describes how the aanganwadi worker is ambiguously positioned, both as an implementer of the programme as well as a beneficiary of state benevolence. Paid an 'honorarium' for her work, the work of the aanganwadi worker in the centre is that of a volunteer (Gupta 2001). Similarly the ASHA - or community health worker is expected to have an altruistic orientation, in her service to the community and is paid an incentive. This ambivalence and tension in positioning is longstanding in the history of community health programmes. In early work on the subject, David Werner asks, for instance, whether the positioning of the community health worker is that of a 'lackey' providing a missing service or whether she is a 'liberator', an agent for

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<sup>59</sup> Corbridge (2010: 84-86) proposes that Jean-Philippe Platteau's arguments with regards the sphere of the 'market' on the importance of 'generalised morality' finds important resonance with discussions on the everyday state. Briefly, Platteau argues that Generalised Morality which is necessary to sustain contracts over time and space, concern for others or ability to see things from another's viewpoint be based on identity or loyalty feelings to a larger reference group. He maintains that this loyalty to strangers is compatible with worldviews of Republicanism in Europe (supported by Protestantism) or in Japan.

political change (Werner 1981). These questions of worker positioning remain a question of importance in conceptions of community health and ICDS programmes today.

With this account I complete the overview of literature, and move in the next chapter to outline the ethnographic setting and my positioning as a researcher in the village. I treat the literature and extend it further within the text of the subsequent chapters, as it connects to the material under analysis.

## Chapter 3 THE ETHNOGRAPHIC SETTING

### 3.1: THE VILLAGE AND ITS REGION

The primary data that this thesis relies on was gathered chiefly from a village I call Nariar located in Chhattisgarh's fertile rice-growing plains, a region at the heart of the state's political and economic life, which is also home to the state capital city Raipur<sup>60</sup>. Situated in southern Raipur district at a distance of 25 kilometres from the capital, the village lies beside a busy national highway leading out from the city. Rice fields, ponds and villages dot the flat landscape, and there is little tree cover. In comparison to others in the region, Nariar is a small village, and had by the 2011 Census a population of 1069 persons, against the more usual numbers of 1500-2000 for other villages in the region. Like other villages though, Nariar has a longstanding presence in the region and has experienced rapid economic change, particularly over the past two decades. Rice farming, the traditional bedrock of the economy now offers greater rewards, the rural economy has seen a diversification into informal employment beyond agriculture, and there has been an escalation of land prices, with implications for the economy.

With better farming inputs and irrigation support, agricultural yields have increased. The main *kharif* crop has become more reliable and, depending on water availability, there is the scope for a second crop in some places and years, and the government purchasing grain at higher than market rate prices is a production incentive<sup>61</sup>. Avenues for casual wage employment have expanded and with easy connectivity, many men commute from Nariar and surrounding villages to take up informal work in the city of Raipur or elsewhere, and a wider range of home based cottage businesses operate. These opportunities are apart from government programmes and services, which employ residents in varying capacities.

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<sup>60</sup> I also draw on some interactions in the region of the village - the neighboring village Nimgaon, the PHC village, Ganeri, the village Koren near Raipur, as well as a visit to the field site of a civil society organisation, JSS, in Bilaspur district.

<sup>61</sup> The main monsoon or *kharif* crop is sown in July and has a November-December harvest. Political parties - the Congress and the BJP compete to increase the offered Minimum Support Price (MSP) to purchase the harvest. (The MSP was about 20% higher than rates offered by private rice mills in the year 2011).

Besides, the expansion of Raipur and especially its southeast extension '*Naya Raipur*' or 'New Raipur', an in-progress planned-city development that will be the new capital city, has triggered some change. While the new urban centre will be a short distance of about 10-15 km from Nariar, it has involved large-scale land acquisition from the greater neighbourhood, including some from Nariar. Prices have spiralled upwards such that it is impossible for a Nariar resident to think of buying land in the vicinity today. Many households have sold some plots to this project or to other buyers and gained in many ways, using monies from the sale to buy cheaper and more acreage of land at a further distance from Raipur (this is then cultivated by share croppers), while also having monies to upgrade their dwelling from a *kacchi* (raw or clay) to a *pukki* (mature or concrete) construction. Besides, in some cases lands already sold to the government continue to be farmed until the going allows it, perhaps until the government clamps down on farming, or begins redevelopment.

These changes in economy and occupations have meant that the pace of life has become less slow moving. By one expressive account this was witnessed in changes such as shortening the duration of marriage celebrations, from an extended five day affair in more idle times when all were as is said '*bas baite hain*' or 'just sitting' after the November harvest, to a curtailed two day undertaking in busier contemporary life. I do not mean to suggest that there are no significant stretches of lethargic economic activity, or that there is plentiful income coming into rural households here. That would be far from the truth, since irrespective of the increased economic diversity, there remains here, as for the overwhelming majority of rural India, high underemployment and significant dependence on agriculture especially for women, with alternative available work opportunities predominantly casual and insecure (I illustrate in Chapter 8 the dearth of, and scramble for, the more desirable forms of employment). My intention is simply to outline the overall changing economic context of the village and its region, before I go forward in Section 3.2 to give the reader a flavour of the village. In Section 3.3 I outline the economic organisation of Nariar and the rural economy, and I conclude the chapter in Section 3.4 with reflections on my positioning as a researcher in the village, on research ethics and on methods.

### 3.2: THE WORLDS WITHIN: A COMMENTARY ON GEOGRAPHICAL AND SOCIAL ORGANISATION

As you turn off the national highway onto the tarmac that runs through Nariar and past it to the village of Nimgaon and beyond, you meet on both its sides the dwellings of Nariar's residents. The early buildings on the highway-end are *pukki*, and belong to the Sahu, an OBC community who are also called *Teli* or 'oil pressers'. While the labelled traditional occupation is oil pressing, most Sahu like other communities have been primarily dependent on farming for many generations. The earliest Sahu patriarch moved into the village in the late 1960s with the intention to establish a home-based rice de-husking business, and decided to occupy barren lands at its peripheries, close to the highway and away from the original and more dense core habitation, the *basti* about 300 meters in. Perhaps this village periphery was the only place the migrants were able to get a foothold, or perhaps the Sahu were making strategic claims on land close to the highway, at a time when the economic worth of homestead lands here was less recognised by longstanding residents, and certainly at a time when efforts at colonising it were less intensive. Having set-up dwellings on this then far-end of the village, the first Sahu patriarch bought farmland and through the years the Sahu numbers expanded to about 8 households of his near and distant relatives, filling out the highway end of the village with large plots for each homestead and accompanying *biara* (a threshing plot). Over time they constructed in concrete and apart from large farmlands, established businesses such as grocery shops, a metal cupboard workshop, a basic rice mill, and a small motorbike-repair shed.

We also pass in the Sahu-end of the village as we walk down the road still at the village periphery, some deserted public infrastructure in concrete, a not unusual sight to anyone familiar with village India. We pass a dark bus passenger shelter, in an impractical location that has never seen use, a dusty community hall having the grand name *Jagruti Manas Samiti* or 'Awakened Humanity Society' located besides the Sahu homes, and used about once a year (to host a rival to the main *basti* Durga puja celebration), and a disused concrete porch/canopy. These were all built in the years past when the sarpanch seat of power lay with a Sahu. The village in the past was a Panchayat<sup>62</sup> jointly with the village Nimgaon, and is only since the early 2000s an independent Gram Panchayat. Rajesh Sahu, middle son of the first Sahu patriarch was the elected head or Sarpanch in Nariar's years as a joint

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<sup>62</sup> Unit of local self-governance.

panchayat, and while the seat of power had long shifted to Satish Yadav in the main basti, Rajesh Sahu remained the main 'opposition'.

Walking further down this tar road as we begin to leave behind the majority of the Sahu dwellings, we see on either side the two habitations or *paras* of the Pardhis. The habitation on the left has more densely packed dwellings while the one on the right is more spread out, also having non-Pardhi houses at the borders. The Pardhi habitations are 'worlds in themselves'; ghettos through which few non-Pardhi traverse. Their mud dwellings are small, basic and windowless, the entire home not unusually one room of about 15 feet x 12 feet, with material assets or even everyday food essentials especially conspicuous by their absence. There is sometimes a small clay chicken coop attached to the house-front. Unlike in the manner common to non-Pardhi houses in the region, fences or boundary walls do not separate their homes, and given this - men, women, children and adults are very visible as they go about their daily activities. At all times of the year, except at the peak of the monsoon season, the sides of the roads alongside the *paras* and common spaces between homes are covered with broom-grass set out to dry, and we often see families working together in labour intensive broom-making.

The *Pardhis* or *Shikaris* (hunters) as they are also called are a tribe with a nomadic past and an occupational history of fowling and foraging. In Chhattisgarh they are numerically small with a total population of 10,757 (5,386 men and 5,371 women, Census of India 2001)<sup>63</sup>. They are further among the many marginal and nomadic people who were notified as 'criminal tribes' under the colonial Criminal Tribes Act, which over its many amendments from 1871 classified hundreds of communities viewed by administrators to be habitual offenders by birth, as 'Criminal Tribes'. While independent India repealed the act in 1952 and exchanged the former title with the ingenious designation 'De-notified Tribes', these communities have continued to carry a burden of the deviant reputation, and remain arguably the most marginalised groups in India's social hierarchy, and predominantly excluded from positive discrimination efforts in independent India such as reservation under the Scheduled Castes or Scheduled Tribes lists<sup>64</sup>.

The Pardhi of Nariar have existed at the fringes of society - vagrant, assetless and dependent on marginal foraging and petty fowling - primarily the hunting of seasonal birds

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<sup>63</sup> 2001 Census data by tribe as disaggregated by Bhatt (2005: 72).

<sup>64</sup> Over successive legislations from 1871, the geographical scope of the act and tribes under it were amended and expanded until the enactment of the Criminal Tribes Act of 1924. There are now 198 de-notified tribes in India. See Devi (2002) for an account of the continuing burden of the deviant reputation, marginalisation, and near destitution of ex-criminal tribes in Independent India.

with the help of rudimentary traps, as well as small animals such as rats, squirrels or hare. Only in the more recent past have they settled in Nariar, growing from about 3 households in the 1960s living a short distance away from the village, to a large settlement of 50 odd households now within the village, with expanding-families and with migration<sup>65</sup>. Broom/mat making (*Jadu/chatai* work) is now the primary economic occupation, though fowling and small-game hunting continues and is fundamental to their identity as *shikari* (hunter) or *chidi mar* (bird-hunter) people. While many households have farmlands, settled agriculture has a recent history and the community remains partially nomadic, migrating away for broom selling activities, in cycles of usually three to six weeks between November and January, after the main *kharif* harvest is in (See livelihoods calendar Table 3.1 further on).

By indicators of multiple dimensions of poverty (on indicators of health, schooling and standard of living, as outlined for instance by the OPHI Multidimensional Poverty Index)<sup>66</sup>, the Pardhis are the most deprived. This is visible to the most casual eye, and is an element hard to contest. The community was comparative to others significantly less literate. Pardhi children in Nariar had a disproportionately smaller presence in school, and for Chhattisgarh, Pardhis had in 2001 a total literacy rate of 38%, which is lower than the already adverse-to-state-aggregates Scheduled Tribe rate<sup>67</sup>. They were of smaller stature and had obvious signs of ill-being including open wounds, and by standard of living criteria their habitations and homes were plainly less endowed. Yet it would not be so easy to rank the group at the very bottom by income/asset criteria of poverty alone. This was because while the Pardhi occupation was marginal and labour intensive, their livelihoods were less dependent on seasonal cash inflows than for those more dependent on agriculture.

Furthermore, while by standard of living measures such as housing quality they were undisputedly worst off, the Pardhis did own small plots of land, though these were difficult to sell given regulations on ownership of *adivasi* land. Both these factors made ranking of their economic status complicated<sup>68</sup>. Yet again, the Pardhis were without question the group most politically marginalized, and a group that gained little from public services (I consider these

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<sup>65</sup> Unlike the Sahus, Yadavs and Satnamis, whose homes are organised often around a single dwelling unit for the joint family (though cooking units may be separate), amongst the Pardhis the practice is to set up an independent home after marriage.

<sup>66</sup> The Multidimensional Poverty Index (MPI) developed by the Oxford Poverty and Human Development Initiative (OPHI). See Alkire et al. (2014).

<sup>67</sup> Census data by tribe as disaggregated by Bhatt (2005: 72).

<sup>68</sup> Regulations on *adivasi* land include that it cannot be sold to non-*adivasis*. The rules were to protect alienation of *adivasi* lands. In Nariar Pardhis viewed this as a constraint. They were not able to cash-in on their properties, and felt powerless to change the situation.

themes in greater detail in Chapter 8). They were located in the village and engaged on everyday matters of economic exchange but for the large part were insulated from its socio-political life.

Having come now about 500 meters down the tar road, passing the Sahu end of the village and the two mainly Pardhi habitations, we turn left to enter the village core, its older and denser main *basti* or habitation. At the mouth of the *basti* as we enter it from the tar road, we see the paved central village street and flanking it, the primary public infrastructure of the village, all in concrete. We see opposite us the freshly painted and well-kept building of the gram panchayat office, the center of local governance, the site for key village level official works, and the site for food grain distribution under the Public Distribution System (PDS). Outside it is an orderly flagpole. The *sarpanch* likes to refer to this spot of the village as *Jaistambh chowk* or 'victory pillar courtyard', after a well-known pillared roundabout/crossroad by the same name in Raipur<sup>69</sup>. Adjoining the walls of the panchayat office is the village 'primary school'- for children in grades 1 - 5. The 'middle school' for children between grades 6 and 8 is at a short distance of 150 meters outside the *basti*. Both schools have infrastructure average for these parts. Opposite the school is the longstanding village *aanganwadi* under the ICDS programme. There is a tree and seating platform outside it. This building and platform are in relative neglect. The paved village street runs past this key public infrastructure onwards to a community hall or '*mangal bhavan*', a common porch/canopy and further towards residences. The village lanes run off this central street, and are lined with residential dwellings of mixed concrete and clay construction. There is at the peripheries of a *basti* lane a *bhavan* or community hall that is a second *aanganwadi* center.

The *basti* is also the location where Nariar's long-standing inhabitants have lived and where the home of the *sarpanch*, Satish Yadav is. There are about 8 households in Nariar of the Yadavs, and all but one is related to the *sarpanch*. The Yadavs are an OBC community who were traditionally herdsman, though while Yadavs in Chhattisgarh continue to have connections with cattle and the milk business, Nariar's dominant Yadav family like others in the region have engaged predominantly in rice cultivation, and have now diversified to additional informal employment. Nariar's other Yadav household unrelated to the *sarpanch* and living outside the *basti*, depends more significantly on herding, grazing and milking the village cows.

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<sup>69</sup> I have heard none other in Nariar use this aspiring tag.

The principal residents of the *basti* however are Satnamis, who are also the community with the greatest numerical strength of population in Nariar. The Satnamis are a 'sect' within the Hindu fold whose members by and large were the untouchable *chamar* or leather-worker caste. Led by Guru Ghasidas in the 19<sup>th</sup> century, the Satnami movement in Chhattisgarh rebelled against the oppressive caste order by forming a sect that rejected Hindu deities, temples and the authority of the Brahmins, calling for belief in a formless god 'Satnam' meaning 'true name' (Dube 1998:1). They are viewed as 'Satnami' by caste, a category distinct from the 'Hindu', the latter term denoting non-Satnami groups such as Sahu, Yadavs and other OBC and upper castes. The Satnamis however share many beliefs and celebrations of the Hindu religion which in itself as Lawrence Babb describes embodies a certain plurality and mutability in the Chhattisgarh tract (Babb 1975). Given their recognised low-caste origins, they are classified officially as Scheduled Castes (SC) and have been aided by progressive legislation and importantly reservations for government jobs.

In Nariar the Satnamis numbered about 60 households, though it is useful to note here the complexity in establishing the exact number of village households, which furthermore do not entirely reflect proportional numerical strength of community. By the 'common kitchen' criteria, 'household' numbers are fluid, and Pardhis tend to set-up separate neo-local dwellings on marriage, while other communities despite operating as separate economic units usually dwell jointly. Further there is not always the match between joint or separate kitchen-units, and their registration in official records such as the voter registration list (*matdata suchi*) or the Below Poverty Line (BPL) lists.

I discuss briefly here the social and economic position of the SC Satnamis, given their large presence in Nariar and the known discrimination that lower-caste groups have historically experienced in India<sup>70</sup>. The Satnamis have historically not held the sarpanch seat of local political power, which has remained largely between Sahu and Yadav hands, despite the Satnami numerical majority in the village. Though besides this perhaps important pointer of their historical social positioning and organization as a community, by and large caste based discrimination did not appear to be particularly acute, and did not have a sharp influence on access to economic opportunities in Nariar today. There was unmistakably no exclusive

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<sup>70</sup> Caste based disadvantages are known to be acute for much of India, with Scheduled Castes at the receiving end of the basest forms of discrimination and atrocities. Compared to this well-known narrative, caste based inequities in Nariar come across as less acute. The less sharp expression of caste-inequalities here is likely a combined effect of the social composition of Nariar - no upper castes, few OBC Sahu and Yadavs and a high proportion of Satnami and Pardhi households; a mix of historical circumstances shaping social relations in Chhattisgarh as a whole - including here the adivasi influence on the state and effects of reform movements such as the Kabir Panth and Guru Ghasidas's sect that made for more egalitarian relations; and the effects of positive discrimination by way of reservations.

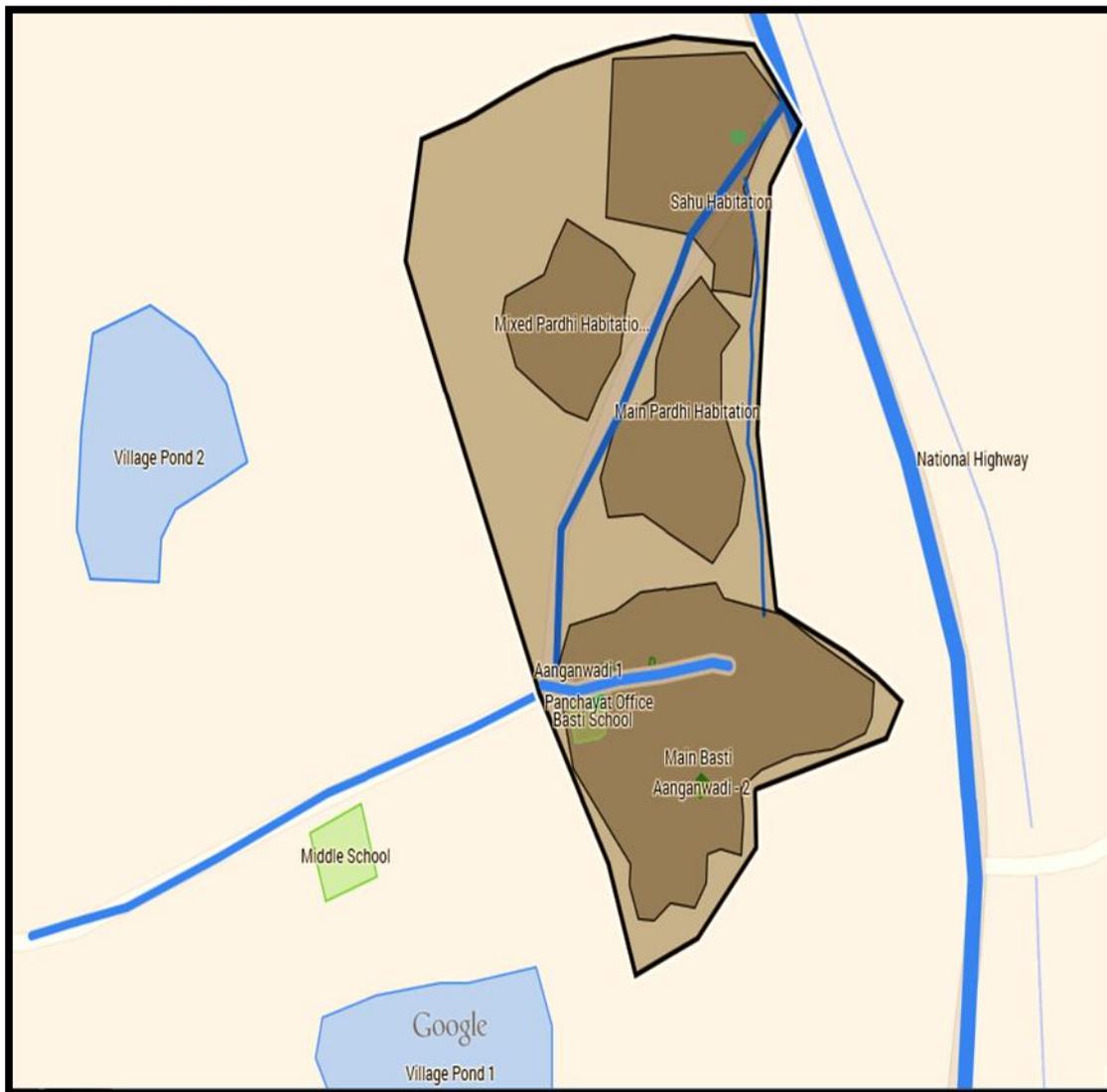
Satnami *para* that ghettoised their residence and while there were intra-Satnami variations on economic position, these variations were not distinctly greater than those amongst other castes, and many Satnami households showed every sign of material prosperity - government jobs and property. Further there was much social interaction between castes on an everyday basis, and Satnamis were not shunned or viewed as polluting. To illustrate, the closest ally of the Yadav sarpanch was Satnami.

The low caste origins of Satnamis are recognized though, and some informants speak of social discrimination by caste status in past years<sup>71</sup>. While caste may be now less significant in mediating access to economic opportunity, caste matters in many aspects of social life. Caste endogamy in marriage is the absolute norm (inter-caste, tribe-caste romantic affairs are heard of but not marriage), and rules get stricter when it comes to commensality - questions of fellowship in dining, and during social rites. To illustrate, a 'Hindu' caste person who is friends with Satnamis would in recent concessions have tea and a snack if invited to a Satnami celebration, but it would be uncommon for them to partake of the main meal based on the traditional staple rice. Interestingly it was the Pardhis, themselves most deprived by multi-dimensional indicators of poverty, who when asked voiced the most impassioned views about Satnamis as polluting, and raised most strict objections to inter-dining. Yet while they consistently expressed polluting effects of inter-dining with Satnamis, it is hard to determine what actual practice was since the Pardhis were socially marginal, and few Pardhis were invited to non-Pardhi events and vice versa. Besides caste status matters for social rites and as I observed, Brahmin priests are not likely to offer their services to Satnami households or preside over their ceremonies.

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<sup>71</sup> Jonathan Parry (1999) also discusses with reference to the Satnamis the forms that caste based discrimination has taken.

Map 3-1: Nariar - habitations and public infrastructure (to scale)



Additionally there live in Nariar one household each of the Pathans (Muslims), and the OBC Nishad community (traditionally ‘fisher folk’); a family of the Dhruv or Gond tribe, and a couple of other migrant families. Households from the forward castes are not present<sup>72</sup>. Also within the official village boundary is a small habitation called a ‘colony’ at a distance of 1 KM from the village. Residents here are more affluent with some government jobs and its members had little stake in the rest of Nariar. My fieldwork has not focused on them. A few of Nariar’s children attended the colony government school. There was also at the edge of the colony a temple dedicated to a village saint or ‘*baba*’, a site of annual village celebrations.

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<sup>72</sup> There was a single individual from the Rathore community living at the edge of the village though he had little to do with the village itself.

**Photo 3-1: Sahu corner and disused village infrastructure**



**Photo 3-2: A freshly painted Chhattisgarhi house**



**Photo 3-3: Village lanes - basti**



Photo 3-4: The basti central street



Photo 3-5: Broom grass set out to dry



Photo 3-6: Pardhi para - women and children



### 3.3: ECONOMIC ORGANISATIONS AND THE RURAL CALENDAR

Having discussed the overall economic setting of the village, its geographical spread and social composition, I turn to briefly discuss the village economic organisation, and present a social and livelihoods calendar.

Agriculture is important, and the main source of livelihood for many. Land ownership is unequally distributed though and this is apparent from casual conversations and observations over time (though I have no access to official land records)<sup>73</sup>. There are a few large farmers in the village, and Rajesh Sahu's household perhaps has the largest land holding - 40 acres jointly owned in and around the region. Some other large-farm owners tend to live outside the village, and there are possibly 25 households who may in joint ownership have medium sized farms both within the vicinity and away. The rest of Nariar's residents including the majority of the Pardhi and Satnami households, and some from the Yadavs and Sahus are small farmers owning in a joint arrangement a usual 1-2 acres of land.

As touched upon briefly earlier, individuals particularly across the Sahu, Yadav and Satnami community engage in a range of casual work and home-based cottage businesses. There are at the least 7 grocery stores in Nariar, apart from other businesses such as vegetable vending, alcohol sales, home manufacturing of paper plates, motorbike repair, and a metal cupboard-manufacturing workshop amongst others. Some irregular jobs are held outside the village such as that of a watchman or canteen worker or an insurance sales agent, apart from casual construction work. In the vicinity are two rice mills, a temporary firecracker manufacturing unit and importantly a government grain warehouse that offers employment. The warehouse is a sought-after employer that hires approximately 25 men and women from Nariar on contract over many months of the year, men working mainly in hauling heavy grain-sacks, and women in lighter work. There is then the important seasonal agricultural labour, significant in particular for women's employment. In addition is the seasonal employment offered under the National Rural Employment Guarantee Act.

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<sup>73</sup> Individuals who own some land are often evasive about revealing ownership status while those that do not own it are by contrast quick to declare their landlessness. Officials too are guarded with public land records. The usual reluctance to declare ownership stems from general distrust and worry that information on this 'key marker of economic status' would find itself into official records, and may have some implication for the households' welfare entitlements.

Few from the village hold the most sought-after, secure and well-paid 'service' jobs such as those of the 'teacher' or the 'sachiv' (panchayat secretary). There were to my knowledge 2 sachivs and 6 school teachers in Nariar, all of whom commute to work locations outside the village, and these economic-status transforming positions were concentrated across 5 families (all Satnami). Many held less prestigious, remunerative or secure positions such as that of being a health supervisor, health worker, aanganwadi worker, sweepers, helpers or cooks in schools and *aanganwadis* and in temporary government programs. The Pardhis held almost none of the government or quasi-government positions, and their primary occupation as discussed was broom and mat making, apart from petty hunting for household consumption and occasional sales. Begging was a form of supplementary income, as was the selling of items of seasonal ceremonial need. The Pardhis also work as agricultural labour and take up other forms of casual employment.

In the table below I present a calendar of important livelihood activities by season, and also outline important social celebrations such as Hindu festivals and seasons of marriage. The table is not exhaustive, but covers the main seasonal elements in the social and economic calendar.

**Table 3-1: Major Social and Livelihood Activities in the Rural Calendar**

Months in Gregorian Calendar	Approximate Months in Hindu Calendar	Hindu Festivals and other Events in the Social Calendar	Agrarian and other Livelihood Activities
Jun-Jul	Jeth, Asadh, + Shravan (stretches into August).	<b>Month of Shravan (Late July Early Aug):</b> The holy month marks beginning of festivals over subsequent 4 months starting with Hareli. <b>Festivals:</b>  <i>Hareli:</i> Early Agri Season-Worship of farm tools, for good harvest and health + <i>Pola:</i> Cattle Worship at Start of Season.	<b>June:</b> Pardhis continue broom making until rain in July.  <b>June/July: Preparation of soil</b> – pre planting  <b>July: Sowing</b> begins post early monsoon rains. (Broadcast).  <b>Kitchen gardens/ wadis green-up</b>
Aug –Sep	Shravan, Bhadarv, + Kuver (Stretches into October)	<i>Teeja:</i> A major festival- Women travel to maternal home for 3 days  <i>Raksha Bandhan:</i> Brother – Sister Bond Celebrated  <i>Janmasthan:</i> Birth of Krishna.  <i>Nagpanchami-</i> Snake worship  <b>15th Aug: Independence Day</b>	<b>Late July + Early August: Biyasi-</b> i.e (Ploughing of standing seedlings ( <i>Jota</i> ) and straightening/ replanting ( <i>Chalai</i> ).  <b>End August/September: Nindai (weeding)</b> - the most arduous and time consuming of operations.  <b>Mid/End September:</b> The Pardhis resume broom making
Oct-Nov	Ashwin, Kartik + Agghan (Stretches into December)	<b>Important Religious Festivals</b>  <b>First 9 days of Ashwin month Navratri and Dussera:</b> Amongst the most important publicly celebrated festivals in the region	<b>Pardhi Diwali Sales:</b> Pardhis make important seasonal sales of ceremonial lotus flowers, mango leaves and straw weaves ( <i>Jhalar</i> ) in Raipur, 2-3 days before <i>Lakshmi Puja</i> (on <i>Diwali</i> ).

		<p>and Nariar.</p> <p><i>Durga Puja</i></p> <p><b>Kartik month Diwali:</b> important festival, marking the new year.</p> <p><b>Late Sept/ early October: Preparation for Diwali</b> Post Nindai and pre harvest: Women, who redecorate home walls, home boundaries with mud (<i>Lipai</i>) and prepare for Diwali and the new year.</p>	<p><b>Oct/Nov: Harvesting (<i>Katai</i>) and Winnowing (<i>Minjai</i>)</b> season.</p> <p><b>Mid November: Migrant Pardhi community from Raigad</b> comes in temporarily to sell <i>Jadi Buti</i> – ‘medicinal herbs’ in Raipur. Stay till early March.</p> <p><b>Post-Harvest: Nariar’s Pardhis begin to migrate in and out</b> of Nariar for broom selling, 3 weeks at a time.</p> <p><b>Pardhis hunt birds</b> in post-harvest fields (<i>Ghaghar &amp; Bater</i>). Fish are caught and dried.</p> <p>For workers at the <b>Grain Storage Warehouse/Mandi, activities intensify</b> post-harvest. Workers receive the highest pay in this season.</p> <p><b>Rice mill work is busy.</b></p>
Dec-Jan	Agghan, Posh + Magh (Stretches into February)	<p><b>December 18th: Guru Ghasidas Jayanti</b> - Important for Satnamis.</p> <p><b>Madai mela</b> – a village fair in the village (not a religious/Hindu celebration and not every year).</p> <p><b>26 Jan: Indian Republic day.</b></p> <p><b>End-Jan Early Feb: The Rajim Kumbh</b> – a big festival in the town of Rajim, that some from the village visit.</p> <p><b>Dec-Jan: Engagement season.</b> Men come around to look for ‘<i>rishta</i>’ –to build potential marriage alliances.</p> <p><b>January onwards: Marriage/ Shadi season</b> (for all)</p>	<p><b>End Nov: Harvesting complete, and agricultural lean season begins.</b></p> <p><b>Home-garden wadi</b> vegetables thrive, and prices come down.</p> <p>Broom work continues and <b>Nariar’s Pardhis migrate in and out for broom selling</b>, about 3 weeks at a time.</p> <p><b>A few families sow Rabi crop on privately irrigated land.</b> If canal waters are available in the year then many more families sow Rabi crop.</p> <p>Work at the <b>Grain Storage Warehouse/Mandi + Rice Mills</b> intensifies post-harvest – workers receive the highest pay in this season.</p>
Feb-Mar	Magh, Fagun + Chaitra (Stretches into April)	<p><b>Holi Festival in the month of Fagun.</b></p> <p><b>First 9 days of Chaitra month: Chaitra Navratri</b>, an important public celebration over 9 days (in 2012 Chaitra month began 23<sup>rd</sup> March, and big colony event 25th March).</p> <p><b>Every 7 years</b> Thakur Devata puja amongst the Pardhis reportedly held around this time.</p> <p><b>Shadi/Marriage season</b> continues and intensifies.</p>	<p><b>Agricultural lean season</b></p> <p>Broom work continues and <b>Nariar’s Pardhis migrate in and out for broom selling</b>, about 3 weeks at a time.</p> <p><b>Women busy in making cooking fuel:</b> Stocking up piles of <i>chana</i> (cakes made of cow dung and straw left from harvest) before the summer heat.</p> <p><b>NREGA works may begin.</b> (In 2012 Monday March 26<sup>th</sup>, but may also be in earlier months post-harvest)</p> <p>Holi festival marks the oncoming of the ‘<i>kadi</i>’/‘severe’ heat (<b>March 8<sup>th</sup> in 2012</b>)</p>
Apr-May	Chaitra, Baishak + Jeth (Stretches into June)	<p><b>Chaitra Navratri ends</b></p> <p><b>Mahavir Jayanti</b></p> <p><b>Last of the marriage season.</b></p>	<p><b>Agricultural Lean Season</b></p> <p><b>Lean season for work overall-</b> as the strong sun is established and intensifies.</p> <p><b>NREGA works taper/complete.</b></p>

Given this profile of the economic and social organisation of the village I conclude this chapter with a brief note on my positioning as a researcher in Nariar, and on research methods. The subsequent chapters of the thesis deal with core analysis relevant to my research questions.

### **3.4: ETHNOGRAPHIC STANCE- A NOTE ON ‘DOING’ THE FIELDWORK AND ON RESEARCH METHODS.**

While Nariar was identified as a field-site over scoping visits to Chhattisgarh in Oct-Nov 2010, the data that I draw upon in this thesis were gathered primarily between November 2011 - May 2012 and shorter follow-on visits in August-September 2012, and July 2013. This engagement enabled me to witness all seasons in the rural calendar. My interest was to examine the questions for all community groups in the village - across caste and tribe criteria. Given my research questions, a natural focus was on households that had women who were currently pregnant or those with young infants. By this criterion, certain households were identified for more in-depth engagement. In Nariar these were 23 households spread across the 4 community groups: 1 Sahu, 2 Yadav, 12 Satnami, and 8 Pardhi. The primary methods I relied on were ethnographic observation and interviews, and these were across social settings in the village and outside it, including observations at the neighbouring village of Nimgaon. Some primary quantitative data, including data on child anthropometry, were gathered. I present an overview of the research contact in the village and of the data gathered in Annexure 1. Going forward here, I wish to reflect on my positioning as a woman researcher who was a mother of an infant, and implications of extended research-engagement for relationships and on research methods.

#### **3.4.1 Being a married woman and a mother**

When I first visited Nariar in initial scoping and early fieldwork, I was 7 months pregnant, and when I went back there a year later to commence the major phase of fieldwork, my son was 8 months old. Thus though I did not live with my child in the village, Nariar’s inhabitants either knew me as or soon learnt that I was mother of a young child. This ‘parallel’ first-hand

parenting experience was invaluable, since it made me more organically aware of the household context within which reproduction and childrearing is located and of the intergenerational bearing of childrearing traditions. Besides being eye opening in manifold ways and providing a parallel for weighing and comparing experiences, my being a mother also had implications for my positioning as a researcher in the village. The commonly shared experience of being a mother enhanced my relationships in Nariar, especially with women and facilitated everyday chitchat. It also meant though that I was viewed against norms of conduct usual to the status, and both for personal childcare reasons as well as for the management of my identity as a researcher I found it was useful to keep a physical distance between the village and my residence.

Irrespective of much camaraderie I shared with informants I was referred to right until the end of my time in Nariar as 'madam', a general term of respect used to address women who usually held a job, have received formal higher education and typically come from urban centres (the nurse, the ICDS Supervisor, female schoolteachers who came into the village were all 'madams'). I did not have a research assistant mediating my exchanges and was in my everyday interactions challenging many notions of expected behaviour of women in general, and those that were considered respectable. I did not wear a *bindi*/vermillion, or *churi*/bangles, the prescribed and foremost markers of married status. I 'roamed' the lanes of the village and 'mingled' with all without restriction, actions that were not encouraged. I did not assume authority, and I also spoke openly with men, and young and old in the village in a chatty and casual manner.

While I did all of the above, I had to place certain boundaries on my interactions given my being a married woman and a mother, particularly with growing familiarity in the village. My roaming and chitchat over long hours did sometimes raise doubts about my commitments as a mother or wife. An under-the-breath comment '*ek laika ki dai hai*' (she is a mother of one) revealed to those who may be uninformed, my curious station, and the lack of bangles and vermillion were subjects on which good-natured advice, as to a daughter, was imparted. Much of this, being an outsider to the village context and independent of the weight of its norms did not bother me and our differences were often explained away in friendly conversation. Yet increasing familiarity and a casual manner did sometimes cast a shadow on my relationships, and I had to watch out for my own honour and status. Getting too familiar worked against my interests, especially being on casual and easy terms with men, some of whom could be insulting and indecent in their interactions, if they viewed you as friendly or self-effacing, as I sometimes portrayed myself to be. Further, despite being an outsider to the village and Chhattisgarh, I was still Indian, knew the language and was familiar with the social norms of 'decent' behaviour, and while I flouted the rules I was not

indifferent to judgement or insult. If I were to wield a letter from a bureaucrat or official that authorised my objectives (not uneasily obtained), or maintained a manner of distance or pre-eminence I would obtain quicker access to some official data<sup>74</sup>, but this would also have coloured my relationships and the nature of data I was able to obtain from my assumed informal and occasionally self-effacing manner. I wish to reflect in the next sections on the implications that extended in-depth interactions had on research methods, and this discussion also ties in with important ethical considerations.

### **3.4.2: Fieldwork ‘over time’: Reflections on ethics and methods**

Much work in the ethnographic tradition has emphasised the positive significance that the researcher residing in the anthropological location has for facilitating a deeper understanding and emic viewpoint of societies under study. Yet an ethnographer’s on-site residence has also been discussed from research in socially and economically heterogeneous village settings in India to lead the researcher to be identified with the family that they invariably choose to live with (Robinson 1988; Beteille 1965). Oftentimes, given practicalities such as suitable dwelling resources or accounting for political dynamics in the village, the researcher dwells with a family that is socio-economically not amongst the poor in the village, and this residence with host local families shapes how relationships in the village are formed and develop, circumscribes social interactions and consequently restricts access to data from a full range of perspectives. In the case of research in Nariar, I found that living outside the village was valuable in helping me gain access to a wider range of participants, given important political and social distances between groups<sup>75</sup>.

In early interactions with individuals in Nariar, I found that all I spoke to were altogether curious and largely unhindered in their interactions with me. They often spoke in the manner of elucidating to me the final ‘truth’ of the matter under discussion, which was in itself viewed as a harmless and apolitical subject relating to women and children. In fresh conversations, they were also usually happy for me to record conversations on a dictaphone. Yet over time

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<sup>74</sup> I am reminded here of a scene in an Indian English/Telugu film – ‘Hyderabad Blues’, in which a female doctor in a Hyderabad hospital assumes a harsh manner of scolding or reprimanding a poor patient (for general negligence of his health). Her Indian friend visiting from USA is a bystander and taken aback by her behavior. She goes on to explain to him that she had soon learnt that being polite did not lead to one being taken seriously, and that unless a doctor was stern, and exuded authority he/she was thought as ‘worthless’.

<sup>75</sup> These are greater in a heterogeneous-caste setting, than from my experience of living and working in a single tribe village or even a mixed tribe village in Maharashtra/MP.

when there was more cognisance that the scope of my engagement was broad, that I was aware of the political dynamics in the village, openly 'friends with all' and consequently perhaps triangulating and verifying narratives put forth, there was more filtering and self-consciousness about information revealed, especially on questions perceived as more sensitive. This meant that my data gathering became less by way of single extended interviews, but more informal over a series of shorter interviews and observations across settings, and that people were less disposed to be recorded in full interviews. Thus while my understanding of the village, its politics social organisation and cultural beliefs expanded and deepened, families were more cautious about sharing information and keen to understand whom else I was interacting with.

The invariable question to me was '*where are you going next?*' or '*where have you been this morning?*' and '*when did you come into the village?*' (The last question more discreet, but having the same purpose as the first two - to gauge from my time in the village if I was likely to have met with others before speaking with the person in question). It is here again, beside the importance of maintaining my own honour as a woman and the crucial independent identity as a researcher, that living outside the village was valuable. It enabled me to decide who I wanted to interact with on the day, use different entry-points into the village and create time gaps between my interactions across *paras*, which helped maintain a certain freshness to my interactions, break discussion fatigue, and also enable me to be more discreet in my interfaces across political opponents on any day.

Despite upfront research purposes and fair-minded intentions and practice in research interactions it is difficult to fully convey the subtleties of your interests as a researcher in a rural context such as Nariar. Given this, 'consent' becomes a difficult question. In ethnographic work, rather than one-off interviews, the standard procedures are inappropriate, and I found that 'full' informed consent is not really possible<sup>76</sup>. From Nariar it appeared as a self-defeating and socially strange exercise to aim at clarifying, as indeed would be necessary, in every social interaction the ways in which information may be used. It is further hard to be true to the 'voluntary participation' principal of consent, in a setting where community-wide observation is a major method. Furthermore besides the difficulties in explaining research subtleties, aspects of research particularly on sensitive subjects such as political histories, motivated indiscretions or aspects of gender relations are sometimes observed covertly. Nevertheless I did work to observe the principles and the spirit of research ethics, in that my positioning as a researcher and my interests were upfront. I was

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<sup>76</sup> Agreeing here with the views of Prof. Janet Seeley (Chair of the UEA-DEV Ethics Committee) in a classroom discussion during a training workshop on research Ethics, UEA 2012.

openly 'friends with all' across political or community boundaries, I did not hide my differences and was not deceptive in my data gathering even on politically sensitive subjects.

I move to discuss now the implications that this in-depth over-time engagement in qualitative data gathering had for research methods and tools. I found it a substantial challenge to transition to the gathering of quantitative data after engagements of an in-depth qualitative nature, and I wish to reflect on this in the context of research settings where the depth and breadth of knowledge that the researcher gains becomes granular and personal. After many months in Nariar, I found the atmosphere particularly in non-Pardhi household's change dramatically at the late stage when I was testing a questionnaire for canvassing in the village. What was usually a setting of spontaneous and friendly conversation amongst long acquainted households, turned into a somewhat tense interface, with much unease about the implications of the written words in an alien language, as I describe below:

In field-testing my questionnaire in a long familiar household, I laboured through Page-1 - the Household Profile. Questions most routine - household members, dates of birth, relationship status and levels of education - nevertheless when canvassed took on an enormous measure of awkwardness. Women were uncomfortable vocalising names of men and elders in the family, many of whom I knew and there was a sense of intrusion and judgement, as personal details such as age and education were matched to well familiar faces, and reduced to a neat table<sup>77</sup>. Having blundered through page 1, I now got to the next set of questions, again most usual - the asset list used for economic profiling. Here I could not find the courage to utter words on the checklist - fan, gas-stove, water source and the like, all too intrusive and trust shattering.

There is much calculation about how information regarding household compositions and assets is revealed to surveyors (assets are invariably downplayed, as there is always the worry about high asset ownership having implications for government welfare benefits such as subsidised rice, and households are often shown to be nucleated, even though in practice the household may be joint). My experience would have been entirely different had I run the questionnaire in a less known setting, for instance in the neighbouring village of Nimgaon. There would have been far less awkwardness, given the low personal stakes, and both researcher and research participants would have more control on the process of information seeking/imparting. Respondents would have made 'what they did' of me and my study, and interpreting my purpose 'as they would' could have chosen to give me their version of data. There would not have been the question of relationship watching or being caught-out on

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<sup>77</sup> As is common in many parts of India, it is the custom not to refer to seniors and husbands by name.

inconsistencies since the research encounters would be fleeting and anonymous. In the same vein, I was far more conscious to ask adults to stand on a weighing or height scale, or canvas food intake questionnaires - intrusive in a context of in-depth qualitative work and known relationships, but far less so in an anonymous situation.

Mixed-method approaches to data producing and analysis are widely seen as bringing in complementary insights into a research project (Johnson & Onwuegbuzie 2004; Greene 2007, 2008), and a common practice in mixed methods research is to administer a survey at a late stage after data has been gathered through ethnography and qualitative methods. From the perspective of this study, quantitative methods of data production such as a survey would bring in valuable complementarities, and I did, subsequent to my own attempts, ask an enumerator who was unfamiliar with the village to gather data via a brief survey. There are however some perhaps under-appreciated ethical considerations about administering a questionnaire or gathering data that may be intrusive – such as data on adult anthropometric measures or on food intake from a position of familiarity rather than from a position of anonymity. There are perhaps also some ethical questions to consider about the gathering of questionnaire data from ‘known’ individuals even if by an enumerator himself or herself is unfamiliar with the village. Certain data can be sensitive – for instance on sexuality or marriage<sup>78</sup>, and there ethical considerations emerge from the lack of anonymity in a known context. My observations suggest that there is a case to be made for quantitative data in some settings of extended ethnographic engagement to be produced perhaps by means of accumulated observation and ethnographic interview rather than a questionnaire based survey, or through other means that maintain some considered anonymity in data gathering and its analysis.

With this discussion on methods I conclude this chapter which completes the background to the study. The subsequent five chapters (Chapters 4-8) build on Chapters 1-3 to discuss the core empirical material and analysis of the thesis.

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<sup>78</sup> Sensitive questions such as – ‘Is this your first marriage?’ Or ‘Does your husband have any other wives?’ or even something that may not seem at first thought particularly delicate such as ‘Do you wish to have more children’, when asked in a context where the background of the households is known to the researcher can raise some complex issues of trust and ethics.

## Chapter 4 WOMEN'S SOCIAL POSITION AND ITS LINKS TO DEMOGRAPHIC AND CHILD DEVELOPMENT OUTCOMES

*In Chhattisgarh women play a more prominent role in life than men. They go to the market to make purchases and sell things and are generally more intelligent than the men. At a slightly advanced age, they dominate the men-folk and when going out they would generally walk ahead with the men following them...*

*...in this condition where even the land is parted with to get a woman, the position of the woman becomes important. The husbands show very great kindness towards their wives and it would not be wrong to suggest that they are afraid that the wives may run away. They usually turn a deaf ear to their wives infidelities...*

Census of India Village Monograph- MP, 1961 (Dubey 1967: 43)

The above extracts from a monograph of a village in the Chhattisgarh region of undivided Madhya Pradesh, written as a part of the Census of India exercise in 1961, and undertaken in the Chhattisgarhi plains, paint an interesting if somewhat counterintuitive picture of the power relations between the sexes in South Asia, particularly when compared to dominant narratives from India's Hindi heartland. The monographs are amongst the few available descriptions of the region from the time, and the extracts from it above point to the prominent, and in some life stages dominant position that women of this South Asian region have occupied<sup>79</sup>. The literature on gender equity and female empowerment points to considerable conceptual diversity and inconsistencies, and the measurement of female empowerment or autonomy is a vexed exercise. It could be said though, that on generally accepted indicators of gender equity such as decision making agency, freedoms of mobility in public places, access to and control over material resources and freedoms regarding familial control over sexuality (Kabeer 1999; Mason 1986; Smith et al. 2003), the extracts suggest the favourable position of Chhattisgarhi women. They suggest women's control over economic resources, their freedom of mobility and public interaction, and illustrate an

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<sup>79</sup> This monograph from 1961 (a not very easy to access and perhaps not widely read document) presents a general picture of village social life. The study village is within 50 miles of Nariar.

environment of sexual tolerance where men are lenient towards their wives, and where women may exercise the choice to terminate marriage partnerships.

It is somewhat surprising that gender relations in themselves, and their links to fertility and demographic outcomes have received such little scholarly attention for the Chhattisgarh tract<sup>80</sup>. Located in the centre of India, but south of the Satpuras, which are often taken as a geographic and cultural boundary between the north and the south (Karve 1968; Dyson and Moore 1983) Chhattisgarh displays both Indo-Aryan and Dravidian cultural characteristics that as I discuss, challenge in many ways the dominant discourse on the social position of South Asian women. As noted earlier in Chapter 2, it has been argued that female autonomy is influenced by women's roles in economic production – that the economic worth of women bears on their social positions and consequently on demographic outcomes (Boserup 1970, Miller 1981; Bardhan 1974). Bardhan's conjecture on the advantages of female labour and hence enhanced female economic 'worth' in wet-rice agriculture of south India, as a possible explanatory variable for India's north-south demographic survival patterns has been of particular influence (Bardhan 1974). Further, as we have noted, an alternative argument has viewed female power as shaped by the structural principles of northern and southern kinship systems, and it is argued that this 'cultural' variable goes a long way in explaining India's north-south divide in demographic outcomes (Dyson and Moore 1983). In this chapter I aim to add a *regional perspective* to the long-standing debates on the underlying economic and cultural determinants of gender equity, and on their links to fertility, demographic and child development outcomes. The chapter seeks to answer the question:

*How are gender-relations and female power shaped in the region and how do they influence reproduction and child development?*

I begin in Section 4.1, with a discussion on what demographic and health indicators tell us about gender in the region, and I move subsequently in Section 4.2 to further unpack gender relations. I establish that the phenomenon of son-preference is de-linked from bias in nurturing behaviour that influences survival (Sections 4.2.1 and 4.2.2). I then discuss kinship and economic systems as they shape power-relations between the sexes (Sections 4.2.3 and 4.2.4). Having set-out various dimensions of gender in the region, I examine in Section 4.3 the links between gender-relations in Chhattisgarh to fertility, survival, reproductive health and nutrition. I discuss possible ramifications of change in the institutions of gender for women's social position in Section 4.4, and in Section 4.5 I draw conclusions.

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<sup>80</sup> There is little academic work on the subject, though Jonathan Parry's fascinating account of marriage and industry in the context of now ex-villages of the Bhilai Steel Plant is a valuable exception (Parry 1999). Quantitative studies on fertility and demographic change are also conspicuous by their absence.

## 4.1: THE SOCIAL POSITION OF WOMEN IN CHHATTISGARH: WHAT DO DEMOGRAPHIC AND HEALTH INDICATORS TELL US?

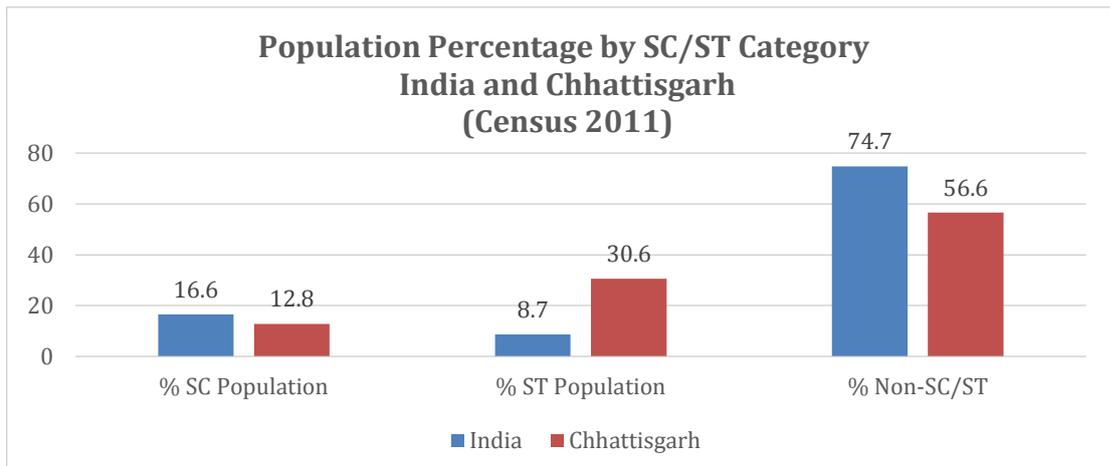
Sex ratios in Chhattisgarh are, relative to much of India, near neutral. By the time of the 2011 census, the overall sex ratio of the state was 991 women per 1000 men, significantly higher than the all-India figure of 940, and 930 for neighbouring Madhya Pradesh of which it was a part until the year 2000. The sex ratio for Raipur rural district in which Nariar is located is 1002, and many rural locations of the state have on average more females to males. Sex ratios in some urban centres are around the 950 figure but at an overall average of 991, they speak for relatively egalitarian gender relations and for the near equal survival chances of the sexes<sup>81</sup>. The *adivasi* sex ratio in the country is known to reflect more females to males, and that for Scheduled Castes (SC) is on the whole more equal than for non-SCs. This is true for Chhattisgarh, and the state's notably higher Scheduled Tribe (ST) population at 30.6% compared with the all-India 8.7% contributes positively to its averages. But, on the whole, sex ratios for non-*adivasi* groups are also significantly more equal relative to Indian averages, and this is evidenced by the non-SC/ST sex ratio of 974 (see Figures 4.1 to 4.3)<sup>82</sup>. A look at other indicators of health and wellbeing from NFHS 3, 2005-06 indicates that differences in wellbeing outcomes between the sexes in the region are not dramatic or unidirectional. Childhood mortality is slightly higher amongst male children, and nutrition figures for male infants are marginally adverse, though there is little inter-sex difference on breastfeeding rates (Figures 4.4 to 4.8). On measures of adult nutritional status though, adult women do worse than men on Body Mass Index, and Anaemia (Figures 4.9 to 4.11).

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<sup>81</sup> See Annexure 4 for maps on Rural/ Urban Sex Ratio's by districts in Chhattisgarh, and trends. A concern has been that while in all-India comparisons Chhattisgarh sex-ratios are more equal, they too have followed the overall national pattern of becoming more adverse to females (Sen 2004: 9-10) though over the past two decades the declining trend is shown to have halted for the overall ratio. Further 0-6 sex ratios have shown a clearer adverse-to-female declining trend.

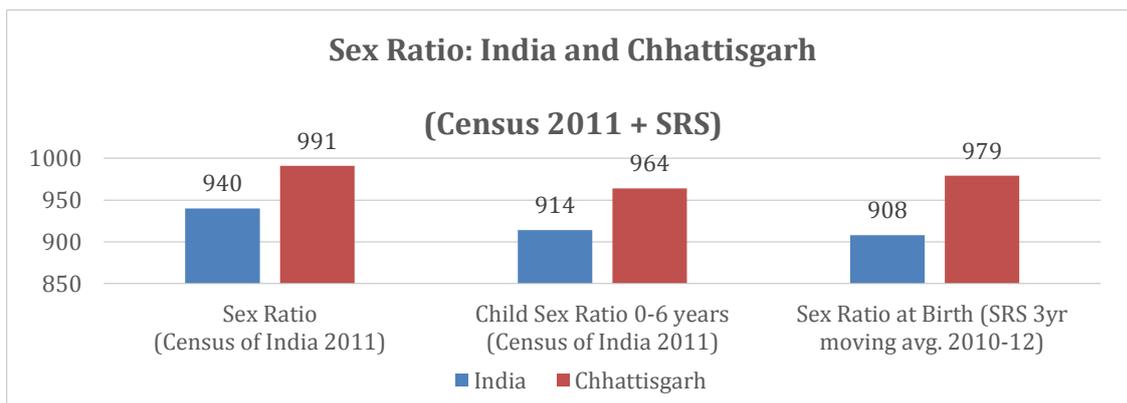
<sup>82</sup> According to census 2011 the ST population in Chhattisgarh is 7.8 million, up from 6.6 million in 2001. Of the 42 tribes enumerated in 2001, over 3.6 million or 55 % are *Gonds* (among the largest tribal groups in India). Adivasi areas have a more female-dominant ratio but there is some suggestion that there may be disproportionate male out-migration from these areas (Alok Ranjan 2005).

**Figure 4-1: Population percentage by Scheduled Caste and Scheduled Tribe, India and Chhattisgarh**



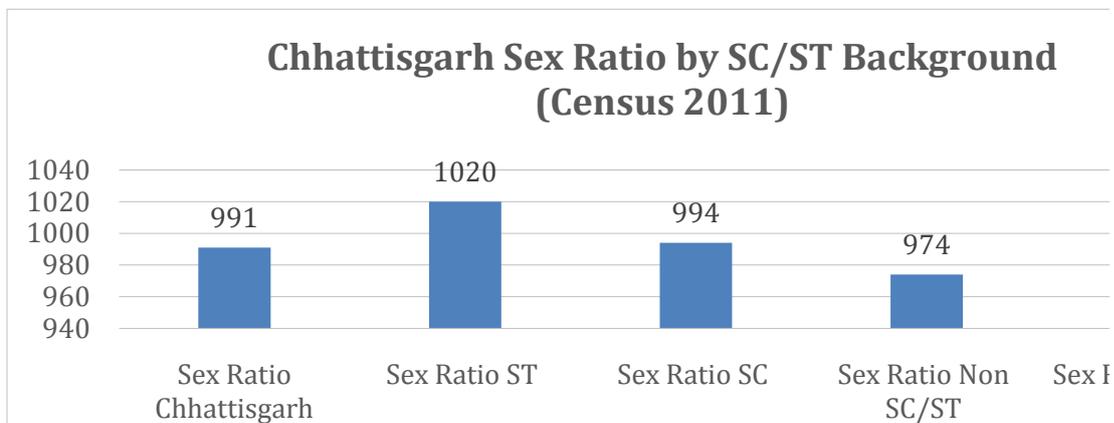
Source: Disaggregated from Census of India 2011

**Figure 4-2: Sex Ratio, Child Sex Ratio, and Sex Ratio at Birth - India and Chhattisgarh**



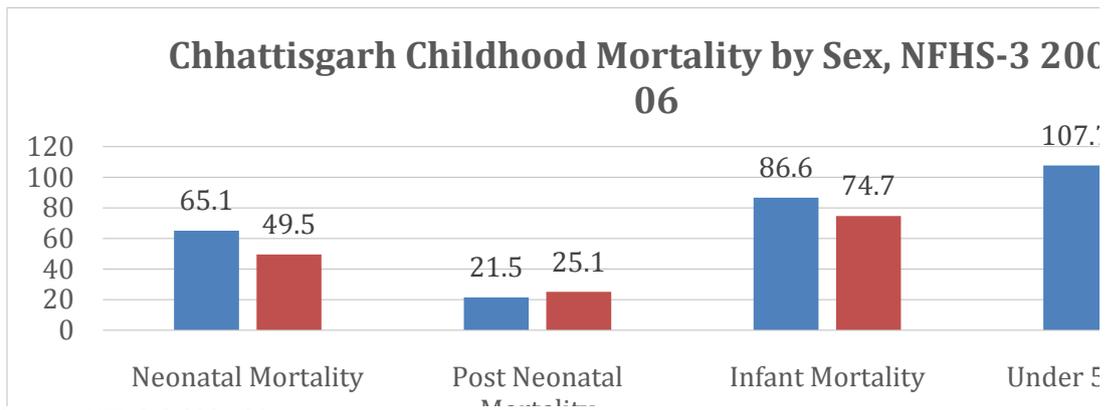
Source: Disaggregated from Census of India 2011; SRS

**Figure 4-3: Sex Ratio by caste and tribe background, Chhattisgarh**



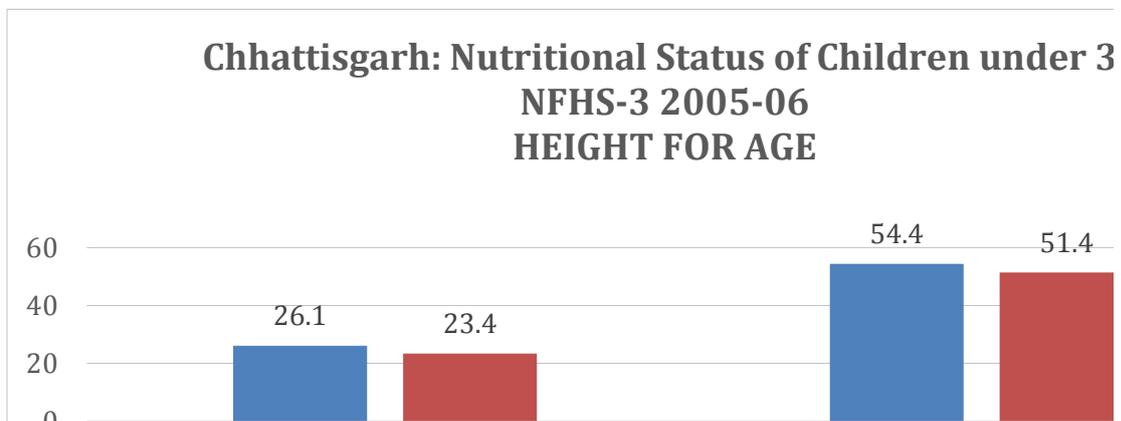
Source: Disaggregated from Census of India 2011

**Figure 4-4: Neonatal, Post Neonatal, Infant and Under-5 Mortality in Chhattisgarh**



Source: NFHS-3 2005-06

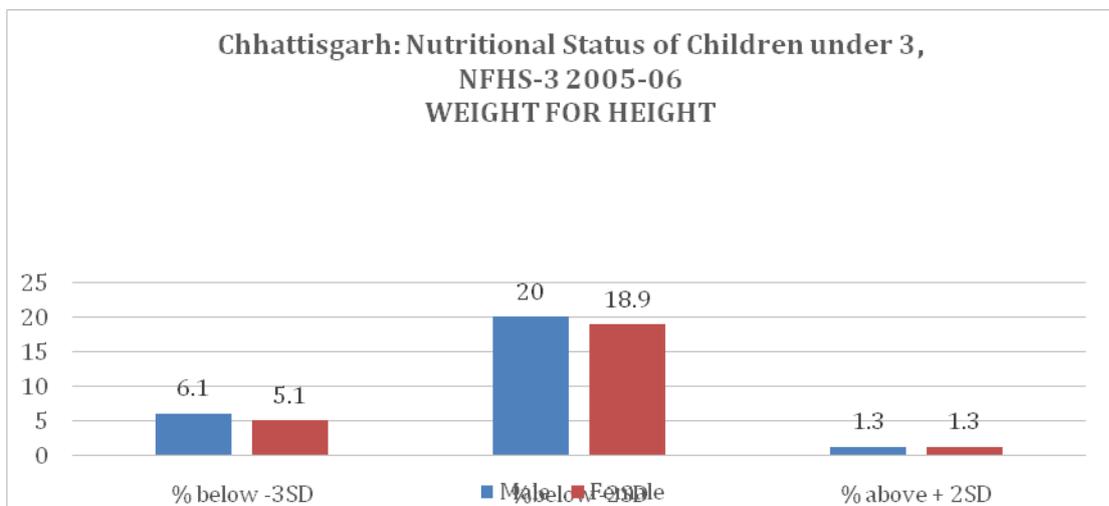
**Figure 4-5: Height for Age - Children under 3 in Chhattisgarh**



[- 2 Standard Deviations (SD) below the population mean is considered mild or moderate undernutrition, and - 3 SD represents severe undernutrition]

Source: NFHS-3 2005-06

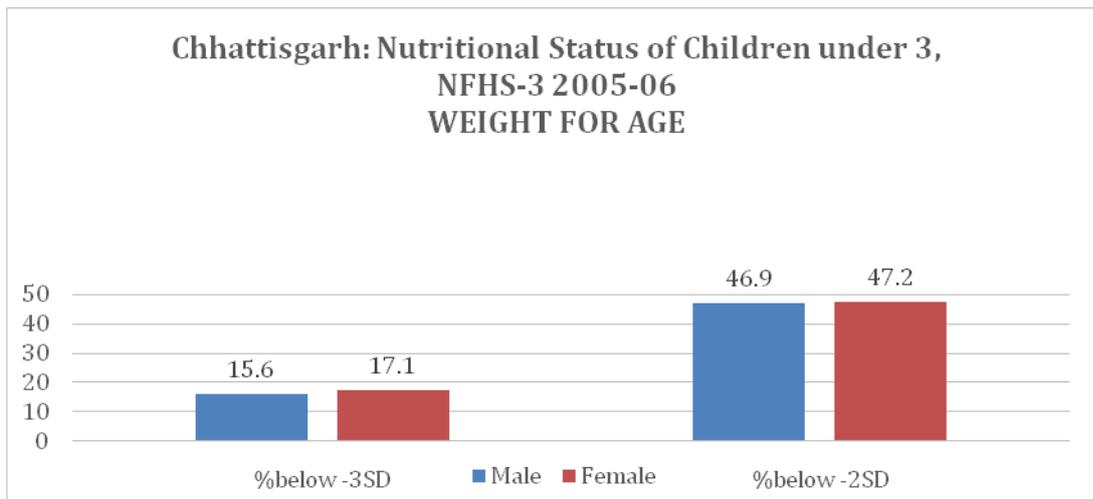
**Figure 4-6: Weight for Height - Children under 3 in Chhattisgarh**



[- 2 Standard Deviations (SD) below the population mean is considered mild or moderate undernutrition, and - 3 SD represents severe undernutrition]

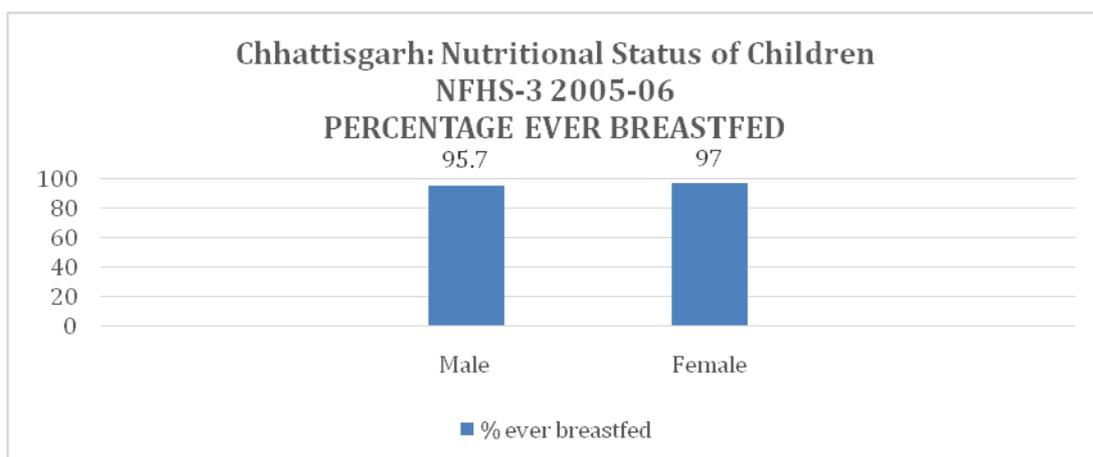
Source: NFHS-3 2005-06

**Figure 4-7: Weight for Age - Children under 3 in Chhattisgarh**



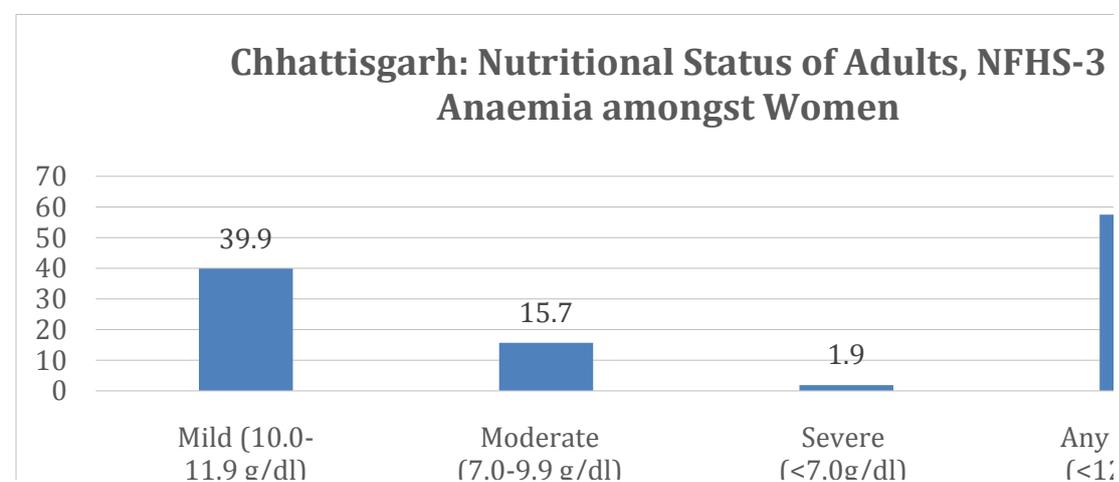
[ - 2 Standard Deviations (SD) below the population mean is considered mild or moderate undernutrition, and - 3 SD represents severe undernutrition]

**Figure 4-8: Percentage of Children Ever Breastfed, Chhattisgarh**



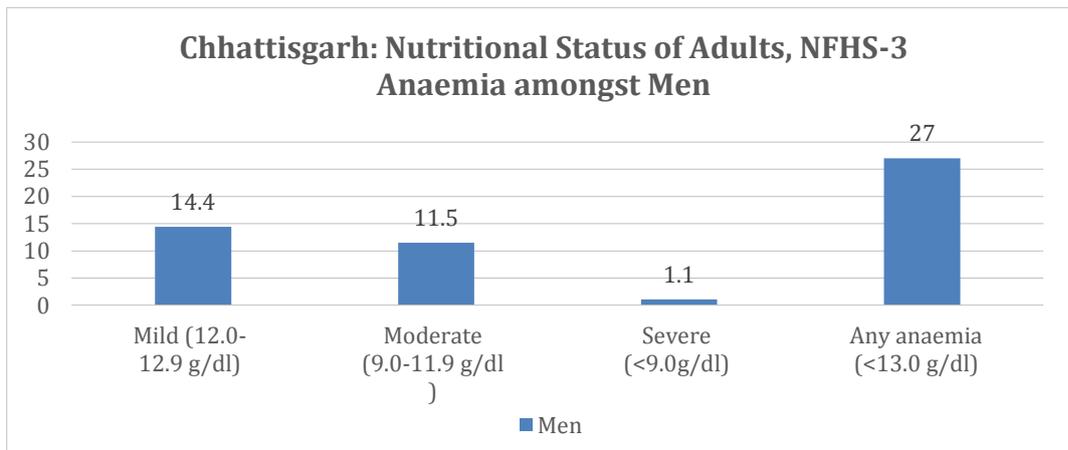
Source: NFHS-3 2005-06

**Figure 4-9: Nutritional Status of Adults - Anaemia amongst Women**



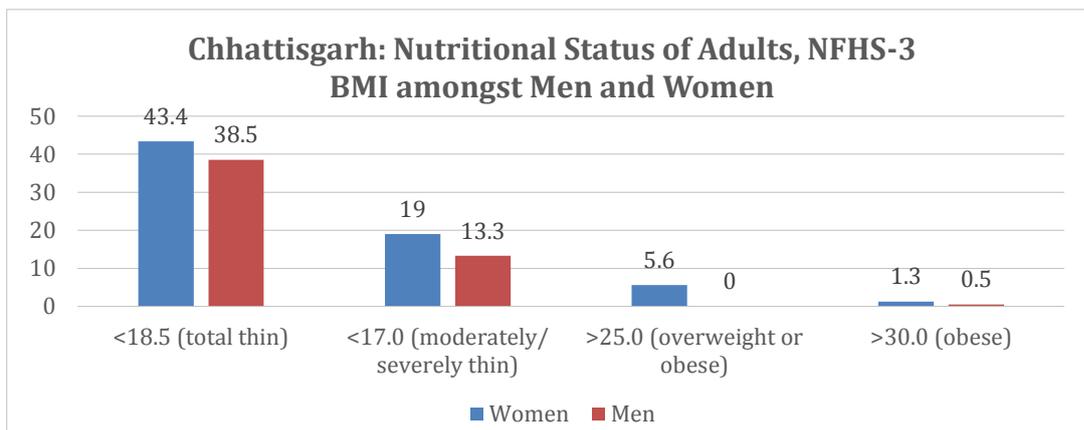
Source: NFHS-3 2005-06

**Figure 4-10: Nutritional Status of Adults - Anaemia amongst Men**



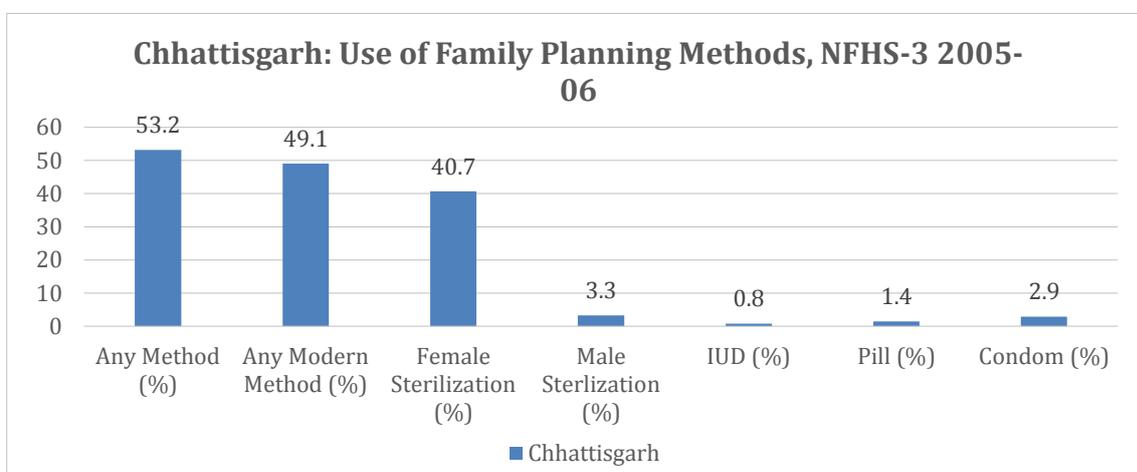
Source: NFHS-3 2005-06

**Figure 4-11: Nutritional Status of Adults -BMI amongst Men and Women**



Source: NFHS-3 2005-06

**Figure 4-12: Use of Family Planning Methods in Chhattisgarh**



Source: NFHS-3 2005-06

As I discuss in Chapter 2, a sizeable body of scholarly work is dedicated to gender inequality and its links to demographic outcomes such as fertility rates, sex-differentials in mortality and to child mortality (Dyson and Moore 1983; Basu 1992; Jeejeeboy 1995; Murthi et al. 1995; Agnihotri 2000) and that more recently gender inequality has also been argued to have a bearing on quality of life beyond survival, i.e. on health and nutrition (Ramalingaswami et al. 1996; Osmani and Sen 2003; Smith et al. 2003) When examining what aspects of women's subordination are important to health and nutrition, literature in both demographic and nutrition studies have pointed to the central role of 'power relations' between the sexes (Kabeer 1999; Smith et al. 2003:5-6; Mason 1987:720), a person's ability to make choices exercised through decision making (Smith et al. 2003; Dyson and Moore 1983), and women's autonomy from male control (Mason 1986, Caldwell 1986, Dyson and Moore 1983), which is enhanced by control over material and social resources (Kabeer 1999; Smith et al. 2003; Mason 1986:288; Jejeebhoy, 1995).

I am concerned in my analysis, like other work on the subject, with the question of female social positioning and power. While the question of female autonomy is widely used in demographic and health research, it remains as I discuss in Chapter 2, a problematic and ambiguous concept with inconsistent indicators. While I examine the idea of female autonomy in the context of Chhattisgarh, I am interested in the ways in which characteristics of gender may influence reproductive health wellbeing.

## **4.2: THE CURIOUS CASE OF CHHATTISGARH- INSTITUTIONS OF GENDER IN THE REGION OF NARIAR**

### **4.2.1: At the least, one son**

Like in much of India, social attitudes in Nariar amongst all non-*adivasi* groups, the Satnamis, Sahus, Yadavs as well as other communities indicate what would conventionally be understood as 'son-preference' - the social importance placed on having male offspring. The *adivasi* Pardhi do not share this preference of having a son, but as noted before they are numerically small in Chhattisgarh and their presence in Nariar somewhat unique. I therefore treat them separately from the discussion of other communities that have a wider presence in the region. Based on observation in Nariar, son-preference finds sharpest expression in fertility 'stopping rules', with families striving to conceive at least one son before going in for the female sterilization or tubectomy 'operation', virtually the only modern

method of family planning adopted here (See Figure 4.12 above). In contemporary times there is widespread concern about unchecked '*parivar badana*' or 'family expansion' given the overall higher costs of maintaining a family, yet when higher birth-order pregnancies do not yield that desired son, the characteristic response of virtually every woman with more than two children, who is yet to bear a son is to the effect of Padmini's in the quote below.

*"If this one was a boy I would have gone in for the operation"*

[Padmini, Satnami, mother of 3 daughters, CS HH Satnami-1]

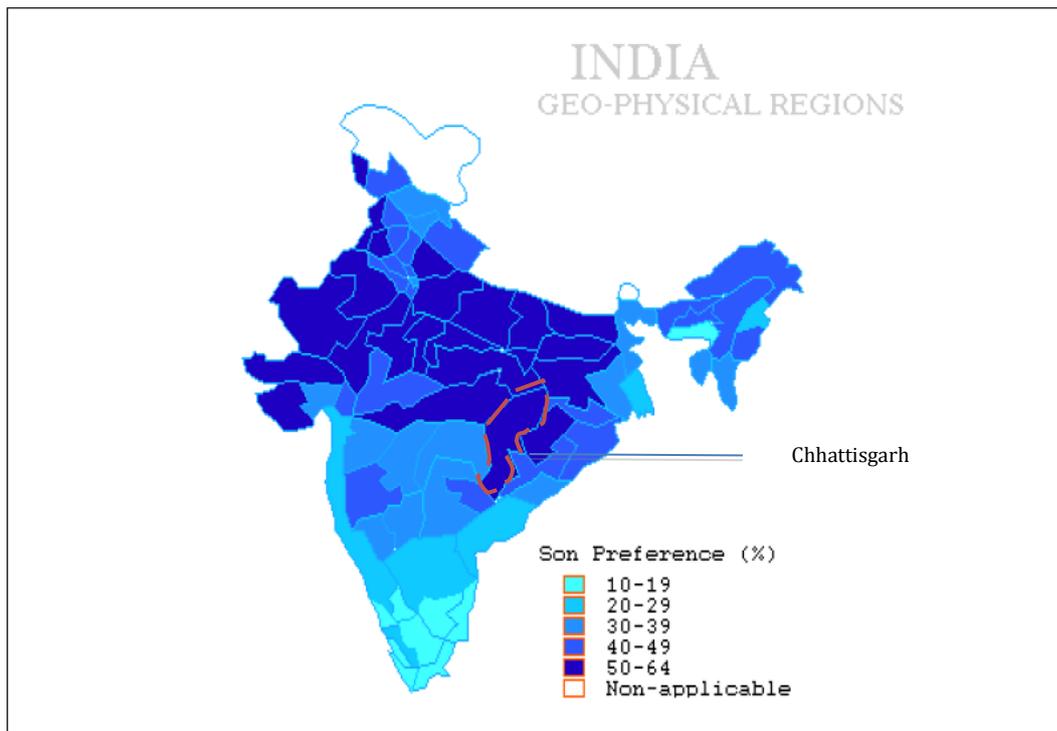
Padmini is not alone in admitting she would ideally like to be done with childbearing. When I met her though, despite being physically consumed by the trauma of recent childbirth, and fatigued from nursing her newborn while also attending to her two other attention-demanding young daughters, Padmini viewed her childbearing career as incomplete. Indeed over extensive interactions, I met only one woman who had the 'operation' after only daughters, and here too because the mother was in excessively poor post-partum health after her fourth-born, a decision taken under medical duress<sup>83</sup>.

A 'preference' for sons is complex to measure quantitatively and is usually conceived in terms of views on family composition. However, the phrase suggests favouritism or bias, and may not be entirely appropriate to describe the value placed on the male offspring in this region. I use the phrase 'son preference' in the conventional sense though, in terms of views on family composition and the importance of male offspring therein. Analysis of available evidence on views about family composition supports my observations from Nariar. Bhat and Zavier (1999) map data from NFHS-1 (1992-93) on percentage of women reporting more boys than girls in their ideal family size, disaggregated to geo-physical regions of the country. We see in Map 4.1 reproduced from their analysis below that on this indicator Chhattisgarh aligns with northern states where son-preference is high. NFHS-3 data examining son-preference based on existing sex composition of the family and its links to expressed desire for further children, also indicates high son-preference, with the data likely to reveal an even sharper dimension for non-*adivasi* groups, if *adivasi* communities are excluded from averages (Figure 4.13).

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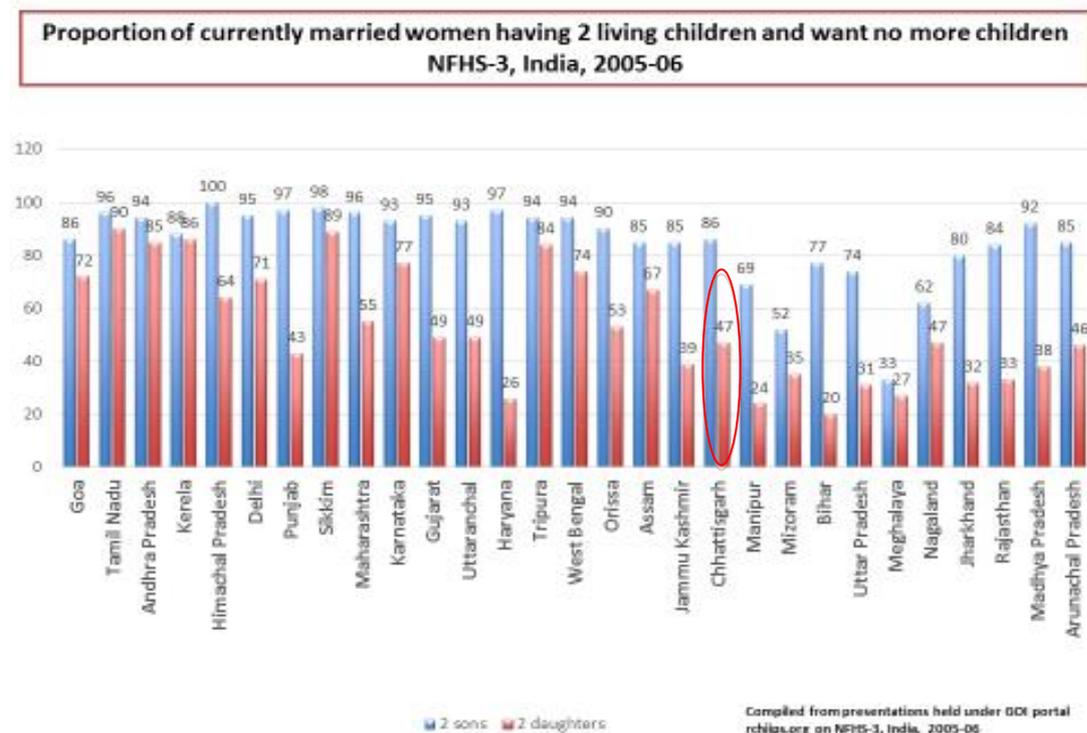
<sup>83</sup> Field notes: Case Study HH – Yadav-2.

Map 4-1: Percentage of women reporting more boys than girls in their ideal family size, by geo-physical regions (Bhat and Zavier, 1999)



Source: Bhat and Zavier (1997).

Figure 4-13: Son-preference: Desired children based on existing children criteria



Source NFHS-3, 2005-06.

While everyday societal attitudes on desirability of male offspring may reflect what is understood as a 'strong' preference for sons, contrary to expectations this is not accompanied by favouritism for boys and relative *neglect* of daughters or a bias against them in resources allocation, a relationship that is widely observed, most sharply in the context of northern India (see for instance Miller 1981: 83-106, Pande and Malhotra 2006, Dyson and Moore 1983, Jeffery et al. 1989; Arnold et al. 1998). A degree of son-preference is known to exist in societies across the industrialised and developing worlds (Williamson 1983), and there are situations where son-preference persists alongside little discrimination against daughters. For instance even Kerala known for the most feminine overall sex-ratios in the country, displays by the above presented data a faint preference for sons. Generally, however, in such situations the preference is mild in degree. Chhattisgarh is curious since from sex ratios as well as from observations, a relatively strong desire for male offspring co-exists with relatively little discrimination between the sexes on life-sustaining inputs, a relationship counterintuitive for India, given the sharpness of its manifestations. I discuss in the next section how this is corroborated by folk culture and child sex-ratios.

#### **4.2.2: Son-preference but no daughter neglect?**

*I would bear a son  
Outside the house sounds a drum  
Inside cries the girl  
Worry not my lord  
Bud of the sunflower shall be her name.*

Folk Song from Chhattisgarh. Reproduced in Shyam Parmar (1972:100)<sup>84</sup>.

The folk song above (Parmar 1972:100) captures perhaps the mixed feelings with which the birth of a girl is received in the region of Nariar amongst families wanting a son. In the song, while the celebratory drum was beaten in anticipation of a son, the birth instead of a daughter does not become a matter of gloom and pessimism. Unlike in large tracts of northern India, the daughter is welcomed in her own right and viewed with promise. This reflects the nature of son-preference in the region. In Nariar, societal attitudes reflect that

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<sup>84</sup> It is not made absolutely clear by Parmar, but it appears that the song was drawn from the work of Verrier Elwin – Folk Songs of Chhattisgarh 1946. I do not have access to Elwin's work in the original.

daughters are very much valued, desired and longed for, and their birth received with joy and not the despair that female births - those of higher order in particular - are known to characterise in much of north India (Miller 1981: 85; 1987; Jeffery et al. 1989).

A commonly heard everyday expression is '*beti aane de*' or 'let a daughter come' with families often striving for the birth of a daughter going beyond what they may have desired in terms of ideal family size. Both the birth of a daughter as well as a son customarily calls for the same, 'public' celebration, the '*chatthi*'<sup>85</sup>. When I would jokingly remark in conversations with women that for me one child was plenty, I would invariably be met with persuasive efforts on the part of my informants, to convince me that I must 'let a daughter come', before I went in for the 'operation'. Importantly the persuasion was not that I must have more children, but that I must have at least one daughter and while I already had a son, and had fulfilled those requirements, the responses of my respondents reflected their attitudes towards the desirability of daughters as bringers of joy, and for seeking a sex-balance in family composition. As one woman from the neighbouring village of Nimgaon put it *I waited and waited for a daughter, I had 5 sons lost the first two, and had three more, I wanted a daughter, but then had an operation*<sup>86</sup>.

While the preference for sons does not, of course, indicate that no daughters are wanted and families typically seek a balance in sex-composition in many parts of India<sup>87</sup> the common longing for daughters, families not unusually working to 'let a daughter come' and the absence of everyday attitudes that portray daughters as social or economic liabilities illustrates the desirability of daughters in Nariar. In fact son-preference here appears 'delinked' from the 'social value' of the daughter. In my observation of reactions in Nariar to the birth of 'yet another daughter' in families of only daughters yearning for male offspring, there was visible disappointment. Yet this disappointment and silence that accompanied the birth was linked less to the devaluation of the 'girl child' as a social liability or burden, but to the reality that another pregnancy and another child with its lifelong implications on family

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<sup>85</sup> Literally meaning the '6<sup>th</sup> day', this main and usually only celebration surrounding the birth of a child is held around or after the *nerva* or 'umbilical cord' drops. It involves feasting and relatives including from the mother's natal home visit to greet the newborn. Rites vary, and customarily involve a purificatory bath for the mother to mark end of ritual pollution. Some castes (the non-Satnami castes) have traditionally called the the *nai* (barber) on this day to shave the infant's head. Other male members in the family may have a purificatory haircut/shave. The *dhobhi* (the washerman) is called to wash the household linen. All of these rites mark the end of child-birth related pollution. The emphasis primarily though is on the celebratory feast, and the putting up of an 'event'. Some families combine this day with the '*namkaran*', or naming ceremony and a troupe may be called to read the Ramayana.

<sup>86</sup> A woman who had come into Nariar to work on the NREGA project of the year.

<sup>87</sup> See for instance the ICRW report by Pande (2006) for a discussion.

responsibly and on maternal health, had not ticked the 'boy-child box'<sup>88</sup>. For the mother in question, the implications of this outcome for continued future childbearing at a time of emotional and physical duress and fatigue is commonly distressing. It could be said that a family's and a woman's social standing would improve on birth of a son and the woman would be 'relieved' from further childbearing. Important to note though, while a woman's control over and independent decisions regards her own fertility is reduced in the striving for a male child, a woman is not blamed in case she does not bear a son, since the child's sex is viewed as a matter of *naseeb* or 'fate' and not a woman's 'fault'.

Survival ratios of children by sex indicate further that the desire for male offspring is not accompanied by institutionalised sex-bias in allocation of life-sustaining inputs. The child (0-6 years) sex ratio of the state by the 2011 Census is at 964 and this continues to be the most feminised amongst large states in the country. Significantly more feminised than the all-India average of 914, more feminised than the southern states, including Kerala's figure of 959, and more feminised than averages in the industrialised world, where survival chances are known to be equal and where female to male ratio at birth and the juvenile sex-ratio are near the 950 mark<sup>89</sup>. Based on another, less frequently cited data source, the Sample Registration System (SRS), Sex Ratio at Birth, by 2010-12 moving averages is 975, highest across all-states in India<sup>90</sup> (See Figure 4.2; Map 4.2). If anything figures for Chhattisgarh show that young girls have a marginal survival advantage over young boys in the state (indicated also in figure 4.4 above), though the 0-6 sex ratio has fallen 11 points to 964 from 975 in 2001 over the decade. This decline may reflect survival improvements for boys with gains in the health environment given otherwise unchanging or even unequal nurturing inputs, as suggested by Agnihotri (2000) and Agnihotri et al. (2002)<sup>91</sup>.

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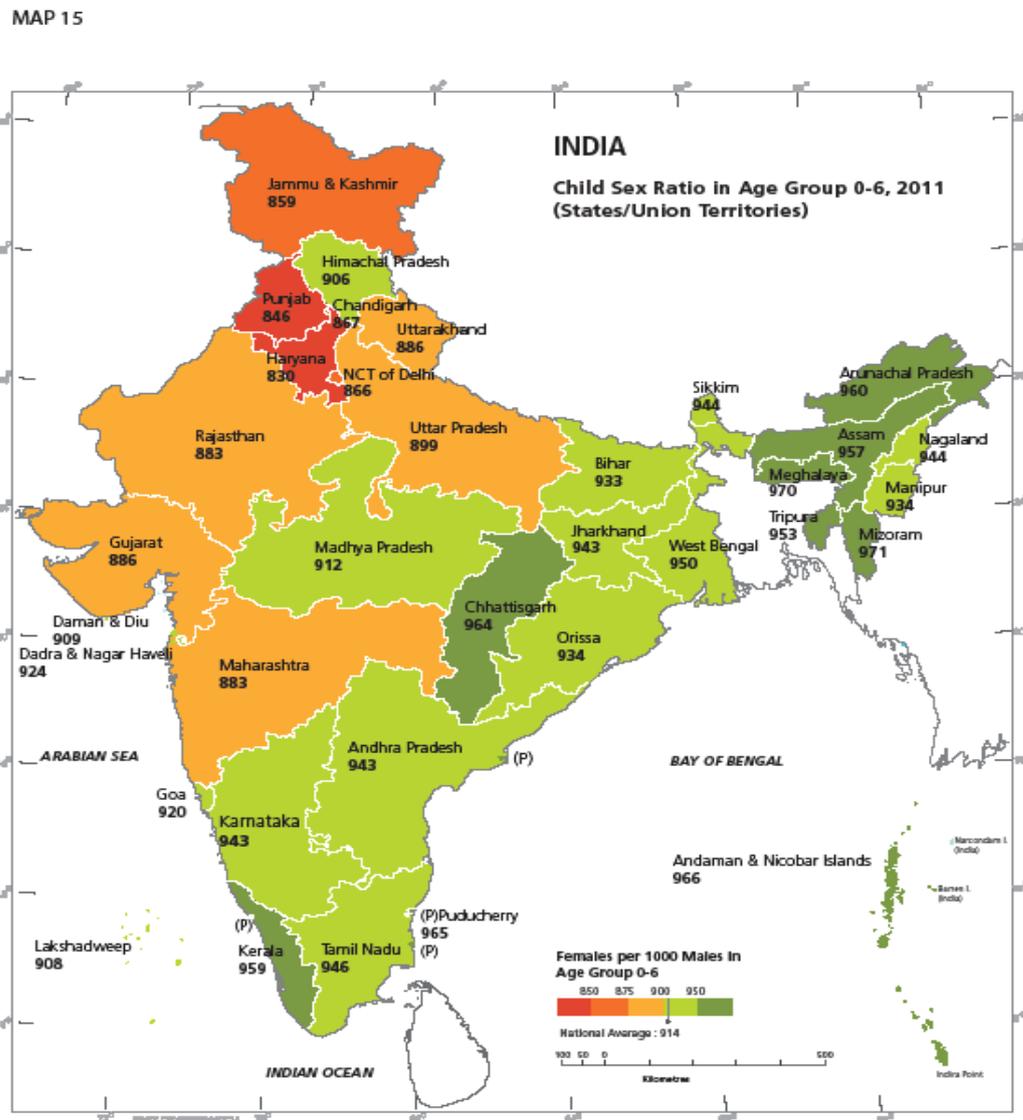
<sup>88</sup> It is plausible that there would not be much celebration of this birth of a higher order girl child. In one observation, a higher order girl child did not have a public celebratory *chatthi*. In another case though, the family had just spent monies on post-partum hospitalization of the mother, and were at that point particularly low on resources (Ref. Field notes CS HH Yadav -2; CS HH from Satnami).

<sup>89</sup> The natural sex-ratio at birth and in the early years is known to have more males to females in environments where survival chances are more equal, such as in industrialized countries of the west. The normal sex ratio at birth is 105 male offspring for every 100 female. For instance sex ratio at birth in England and Wales has been 105.2 between 2008 and 2012 (Dept of Health, May 2014). This is 950 females for 1000 males. By comparison, sex ratio for children under 6 in Chhattisgarh at 964 is feminised.

<sup>90</sup> The 0-6 sex ratio and sex ratio at birth (3-year moving average from SRS) have been for some part somewhat resistant to the masculinisation trends. The SRS Sex Ratio at Birth for Chhattisgarh (2007-09 moving average) is 980, and for 2008-10 is 985. Yet more recently indications are that this figure is becoming less resistant to masculinisation trends. SRS data (3 year moving averages) are based on a sample, not a census and not available for more decentralized levels.

<sup>91</sup> The aggregate NFHS 2005-06 figures on child health and nutrition also point to marginally greater male rather than female mortality, and it is plausible that over time survival gains for the weaker male newborn and infant are being made with improved health environments.

Map 4-2: Child Sex Ratio 0-6 Years in Indian States (Census of India 2011)



Consistent with the near equal-outcome sex ratios in the region my observations in Nariar did not indicate any seeming gender biases in intra-household allocation of health and nutrition resources, including higher-value foods across age groups in the life-cycle. Food choice and differences in individual allocations vary though, by a range of criteria including individual inclination, the rhythm and nature of everyday work and time in the agricultural cycle, as well as personal preferences about vegetarianism (I describe intra-household food allocations in Box 4.1). Observation of healthcare seeking practices further do not reveal an apparent sex bias, though health seeking data disaggregated by sex was not available.

The above discussion suggests that despite the striving by families to have at least one son, this preference is not accompanied by institutionalised sex-bias in nurturing behaviour for young children, and any inequalities between the sexes have not taken the form of sharp biases in the allocation of health and nutrition resources<sup>92</sup>. Teachers in Nariar's school did not report a sex bias in student enrolment and were of the view that there was little sex difference in school attendance, though occasionally it was seen that an older girl may look after younger siblings in busy agricultural times when mothers were away on work. This sharp contrast between the importance placed on male offspring on the one hand, and the most feminine child-sex ratios amongst large states in the country as well as near neutral adult sex ratios on the other hand, have something to tell us about the nature of gender relations for this geography and their underlying economic and cultural institutions. I go on to discuss in the next sections, the kinship and economic institutions in Nariar that are argued to influence power relations between the sexes. The reasons for son-preference are interesting to examine for this region where women have prominent social roles, and my inquiries revealed that the preference for a son was linked to the importance of patrilineal descent and a woman's patrilocal post marital residence. It is commonly expressed that a son is important since at the time of a parent's funeral it is the son who will 'give the soil' (*beta mati dete*), initiate rites and complete the transition of the deceased into the afterlife. This role is symbolic of the importance of the male line of descent. Further, though daughters remain in close contact with natal kin after marriage, they do as a rule move away on marriage and make another home the primary one. They are then not expected to be around in the village on an everyday basis. This makes the role of the son as a source of support to parents in later years important. I discuss the reasons for son-preference further in Annexure 5.

#### **Box 4-1: Intra-Household food allocations in Nariar**

Questions on gender-bias in food allocations did not quite 'resonate' with my respondents, were often viewed as irrelevant, and did not evoke a response in the affirmative or in the negative. On further elaboration, the usual responses to my questioning was that '*sab baat ke khate hai*' or that 'everyone divides/shares the food' or that people eat according to their '*iccha*' or 'wish/inclination'. My observations of mealtime activities corroborated these voiced opinions and did not reveal any patterns of bias. My observations reflected that food was shared with consideration for others in the household and that women did not eat 'last and least'. Oftentimes women consumed the freshly cooked afternoon meal earlier than men did since they chose to skip breakfast (I discuss this further on). Discrimination by sex was also not apparent in distribution of higher value foods or treats such as a snack bought from the village shops or ice-lollies from a vendor. Individual food intake and allocations within the household vary in several ways though. Many women, including women in the extended household of the Sarpanch claim '*we don't eat double*' or '*hum double nai khai*'. This meant that the women in the household, do not eat breakfast, but begin the day with a cup of tea and perhaps a

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<sup>92</sup> Though the overall non SC/ST sex ratio is 978 – and unequal resource distribution may contribute to this figure.

couple of biscuits (2 of the popular Parle G biscuits equal about 30 calories), and have their first meal at midday. The evening meal is the only other meal of the day with little snacking in between (the word 'double' here conveys that they don't have both breakfast and lunch). The men in this same household on the other hand did eat 'double' which meant that they had the additional morning meal (which is usually not a freshly prepared meal but '*basi*' or leftovers from the previous evening - primarily rice soaked overnight in water in the common practice), apart from the mid-day and evening meals. In this household, the question of availability of an additional meal (of simple contents) would not have been a major constraint given that it was a household of relative material comfort, being connected to the currently dominant center of political power in the village, owning farmlands and having some members in informal-sector jobs.

On asking women why it was that they did not eat 'double' while the men did, the responses pointed to perceptions of digestion '*pacha nahi saki*' or 'can't digest it', or that they '*just*' don't eat double. In explaining men's eating 'double', women here reasoned that this was because men had work outside the house, they went about and interacted with the outside world much more than women and therefore they needed to eat 'double'. Women too are busy with work in the home, though Rajkuwar (the aanganwadi helper) said that their choices on diet were a question of the work rhythm of the day - as they wake-up in the morning they like to get on with the work of the day - getting the children ready for school, cleaning, cooking and so on, and once their daily tasks are complete (this about mid-day), is when they prefer to bathe and eat. A practice common to many households, across community was for women engaged in work around the home to not-eat 'double'. Yet if women are engaged in physically strenuous work outside the home, such as under NREGA or in the fields, the consistent norm was to have a meal early in the day prior to work (apart from the mid-day and evening meals), in recognition that physical effort intensive work, could not be commenced without a full stomach, and this seems to corroborate their own reasoning on additional nutrient needs.

While women more often than men in Nariar skip a morning meal, there were no rigid rules on eating 'double' or consistent patterns by gender or class criteria. For instance, in a Satnami household that was poorer than the Sarpanch's, but one that did not involve women working outside the home through the year, women did not skip the morning meal '*hum toh teen time khate hai*' 'we eat three times' (CS HH Satnami-3) . Another mother I knew closely, not from a particularly rich or particularly poor household amongst the Satnamis reflected that meal frequency has to do with 'digestion' and that if people were able to digest the food they could eat twice, thrice or any number of times (Rupa, CS HH Satnami-4). In another more wealthy household which had the happy distinction of three of its household members holding the coveted government 'service' jobs of being school teachers (Case Study HH Satnami-6), I was told that women and even the men of the house do not eat 'double', even though they go out to work (are teachers), their main mid-day meal is taken when they are back at home late afternoon rather than eaten at the school (this was the practice of aanganwadi supervisor as well)<sup>93</sup>. By and large, apart from the Pardhi community who voiced food constraints, and where the morning meal is not a consistent feature for either sex, I did not hear constraint in food availability as a reason expressed for skipping of the morning meal. The other issue influencing intra household allocations was vegetarianism. By and large most households across the community were not vegetarian. Certain households were vegetarian in their food choices, but oftentimes individuals within households (I came across examples of women) for religious or other reasons preferred to be vegetarian or vegetarian on certain days and this could influence nutrient allocations within the household.

Individual allocations of food within the household may vary for a set of reasons then - the rhythm of work, perceptions about nutrient requirements in relation to work, perceptions about digestion and digestibility of food, personal food preferences and vegetarianism – these operate irrespective of economic access to food and do not reflect obvious gender bias.

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<sup>93</sup> Eating a packed lunch outside in more public settings such as the school premises did not work for 'image', and people in service jobs such as the nurse, teacher or aanganwadi supervisor, would prefer to eat back in their homes.

### 4.2.3: Both exogamy and reciprocity in kinship and marriage

As we have noted before, gender hierarchies are recognised as embedded in structures of kinship and marriage and India's north-south cultural patterning of kinship is persuasively argued to influence female autonomy. Dyson and Moore argue that structural principles of kinship, that centre around exogamous marriage rules in northern kinship systems and preferred forms of consanguineous marriage in southern kinship systems influence female autonomy and have an important bearing on demographic outcomes. In their model higher female autonomy is more consistent with southern than northern kinship, and is argued to explain India's formally stark north-south demographic patterning including sex-differentials in mortality<sup>94</sup>. While Dyson and Moore are concerned with ideal types and broad north-south regimes, and recognise in their words the 'untidiness' of reality (1983: 43), my interest in their theory in light of data from Nariar is to bring out some complexities from its examination in the context of Chhattisgarh. Little is known about kinship in Chhattisgarh, and indeed the contours of kinship in this region and any transitions therein are not mapped<sup>95</sup>. Chhattisgarh appears to represent complex kinship systems and terminologies - non-*adivasi* communities build marriage partnerships based on exogamous principles while *adivasi* groups prefer cross-cousin marriage. My own explorations revealed the presence of cross-cousin kinship in the past amongst select caste groups, though cross cousin marriage is now frowned upon amongst non-*adivasi* groups<sup>96</sup>.

While Chhattisgarh falls south of the Satpura hills of central India, Dyson and Moore's rough north-south frontier line, and has favourable sex ratios, examining kinship relations in the region of Nariar revealed that for the Sahus, Yadavs and for the Satnami's, as well as for other Hindu groups in the region not represented in the village, kinship systems follow

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<sup>94</sup> Structural principles of northern kinship are argued to alienate a woman from natal kin and be unfavourable to her autonomy while southern kinship is argued to facilitate a woman's lifelong support of the family of her birth, favourable to her autonomy. Other principles of northern kinship, include cooperation among male kin related through descent and women generally not inheriting or carrying property. For southern kinship, principles include male cooperation between kin related by marriage as well as descent, and women sometimes inheriting and transferring property (Dyson and Moore 1983: 43-45).

<sup>95</sup> I discuss before that Iravati Karve's seminal work classified Madhya Pradesh (from which Chhattisgarh was carved in the year 2000) in the mixed kinship Central Zone (Karve 1968), and that both Bina Agarwal (1994) and Barbara Miller (1981) in their important reviews of ethnographic work do not cover Chhattisgarh. Babb (1975) mentions exogamy in marriage partnerships for non-*adivasi* communities here. Parkin (1985) discusses Munda kinship systems that are considered somewhat different from the north-south extremes but this work speaks of the Munda-speaking language communities not with reference to Chhattisgarh. For the region as a whole, kinship is significantly under-researched, and my own explorations revealed the presence of cross-cousin marriage in the past amongst a few caste groups and some mix in kinship.

<sup>96</sup> Rahman and Rao (2004) discuss from research in Karnataka how kinship norms appear to have changed even in Karnataka – a southern state - and there is now a lower prevalence of consanguinity.

northern structural principles. Kinship rules prescribe exogamy in selection of marriage partners. Kin and gotra/clan exogamy is maintained, and while seeking spatial distance, or the proscription of marriage within the village are not customary 'rules' they are the outright norm with most marriage partnerships being formed across different villages. Patrilineally related male kin, particularly brothers cooperate. The common dwelling pattern has been the multi-generational joint family household, and women, who move to a patrilocal post-marital residence, have not traditionally inherited property or been its primary carriers. That said my discussions in the village and outside it revealed a degree of flexibility in kinship patterns amongst certain caste groups particularly in the past and a married woman in contemporary times could move to her natal village or home for work-related or other purposes<sup>97</sup>. Further there has been partial acceptance of consanguineous marriage amongst some non-*adivasi* Hindu groups (such as the Devangan community in some parts of Chhattisgarh). Yet consanguineous marriage for the non-*adivasi* communities has been an exception rather than the norm in living memory.

While little is known on kinship systems in the region, exogamous rules in seeking of genealogical and spatial distance for forming marriage partnerships have found a brief mention in Lawrence Babb's ethnographic account of everyday religion from 1966 (Babb 1975:81), and are also reflected in a map based on district-level analysis of data from the 1981 census on 'excess female migration' which is agreed to be linked to women's relocation on marriage rather than for work. Malhotra et al. compute excess female migration as the difference between the proportion of married females who are migrants and the proportion of married males who are migrants, and assume higher excess female migration to indicate greater village exogamy (Malhotra et al. 1995: 288). Map 4.3 reproduced below suggests that apart from the tribal dominated southern region of the Bastar plateau, where there is relatively low excess female migration, for the rest of Chhattisgarh female migration is significantly greater than male migration.

For the Pardhis, and other tribes of Chhattisgarh including the numerically dominant Gond tribe, kinship principles are squarely 'southern'<sup>98</sup>. The Pardhis, while maintaining strict clan exogamy, display a strong preference for consanguineous marriage, particularly for marriage partnerships between children of the '*mama-phuphi*' - between children of the 'mother's brother' and 'father's sister'. On marriage a woman is transferred into the clan of her husband, and children born of the marriage belong to the father's clan. Kin related by

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<sup>97</sup> Also reflected in the work of Jacobson (1977) from the state of Madhya Pradesh.

<sup>98</sup> The Gonds (called 'Dhruv' in the plains and in hills 'Raj Gonds') are amongst the largest tribal groups in India. They have Dravidian linguistic roots, and make up 55 % of Chhattisgarh's ST population.

marriage as well as descent cooperate, and while the traditionally nomadic Pardhi have only in the last 50 years acquired property, women also inherit and pass this on<sup>99</sup>. Amongst many *adivasi* communities across Chhattisgarh, kinship principles have been more southern and the tribal dominated region of Bastar in South Chhattisgarh would have preference for predominantly consanguineous marriage as also reflected in Map 4.3 below. Despite sharing important elements of northern kinship<sup>100</sup>, social-cultural characteristics amongst the OBC and Hindu groups do not neatly fit those predicted by northern kinship principles, and despite exogamous rules also reflect elements of reciprocity. In a sense kinship systems here depict unique characteristics that mediate some effects that northern principles are expected to predict. They are unique in that irrespective of the principles of exogamy, the predicted hypergamous marriage partnerships are absent. It is interesting to note that while 'marriage' is important for alliance building between unknown groups, traditionally it has been an inexpensive affair and costs are typically shared between parties. Except for the numerically minor upper castes, widely considered migrants into Chhattisgarh from northern states, for whom husband-seeking and the institution of dowry as a form of marriage payment exist<sup>101</sup>, in the region of Nariar it is the man who goes in search for a wife and traditionally, dowry has been entirely absent as a marriage payment for most communities. It is common to observe groups of men come around into Nariar on motorbikes to look for a '*rishta*' or establish a 'relationship', making it not the parent's burden to marry the daughter.

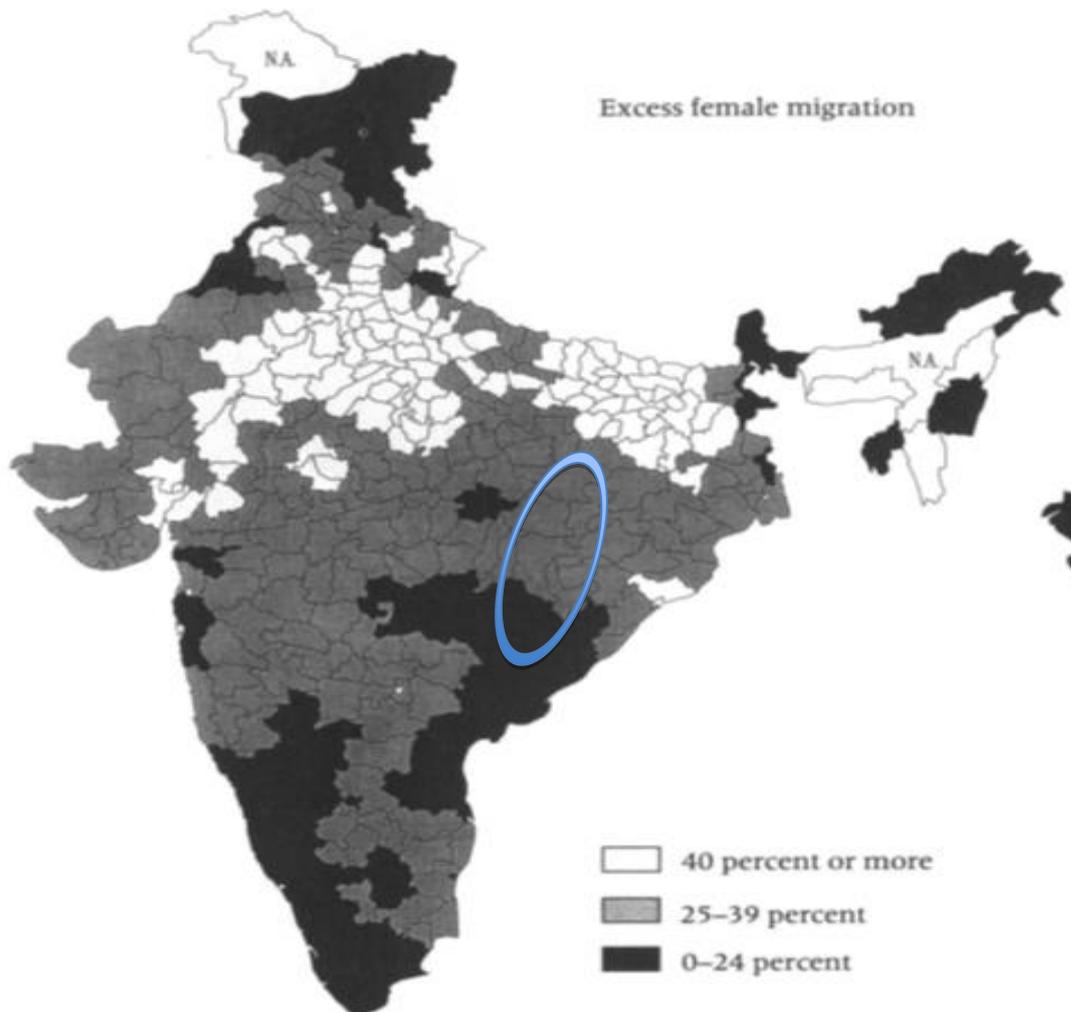
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<sup>99</sup> Women reported that they would get a share as a right and some reported that they would get equal shares.

<sup>100</sup> Exogamous marriage rules, women not being usual carriers of property and cooperation amongst patrilineally related male kin (Hindu joint family living arrangements).

<sup>101</sup> The Mishras and Tiwaris are prominent upper castes (Brahmins), and the Kurmis are considered amongst the forward castes though they have an OBC background. They have moved up from agriculturally dominant positions to service sector and professional occupations. Greater value is placed on the son amongst these castes, and they expect some dowry in the form of '*tika*', or a blessing. Nariar did not have an upper caste family to facilitate firsthand observation.

Map 4-3: Excess Female Migration at the District Level, Census of India 1981 (Reproduced from Malhotra et al. 1995)



A system of bride price has existed for many communities, and women between the 40-50 age group when reflecting on their own marriages assert they 'only' took along a *'thali'* and *'lota'* (plate and a tumbler) as gifts in marriage from their natal homes. In contemporary times whilst the exchange of bride price has significantly declined and may only be token, if at all, the more significant gift-giving takes a dowry-like form (See Box 4.2 below).

Yet despite increasing dowry, marriages are not characterised by the structural opposition of 'wife-givers' (the family or lineage that gives a woman in marriage) and 'wife-takers' (the family that accepts a woman in marriage), an element that northern kinship is expected to

predict<sup>102</sup>. In Nariar, the practice of ‘hypergamy’ is not the norm and as a principle unknown; its consequent implications for an asymmetrical relationship between wife-givers and wife-takers, and a women’s possibly subordinate position within the conjugal home are hence absent. Hypergamy as a principle is absent perhaps because women have been valued as economic producers, and this presumed economic worth makes their position less susceptible to subordination (we discuss this further on). Furthermore, women maintain strong ties with natal kin, and this is a notably different feature. Certain features of southern kinship such as the value placed on reciprocity appear to have a cultural relevance for a wider geography irrespective of non-*adivasi* women’s migration upon marriage.

While dowry-like payments as ‘gifts’ to daughters are increasingly expected and provided, replacing the traditional token bride-price in many communities, and this is important to note as it does indicate the beginning of a tilt in the financial balance of marriage exchanges in the region, marriage expenses are still not heavily one-sided, and in observations around the marriage season in Nariar stretching over 3-4 months between December-March, both marriage parties were found to be exchanging gifts and bearing expenses of entertaining their own relatives, as well as those with whom they were building a new alliance. The unilateral bearing of all expenses by the bride’s family is not expected or the norm<sup>103</sup>.

#### **Box 4-2: A note on the shift to dowry-like marriage exchanges**

Though not officially called ‘dowry’, gifts are widely expected and bestowed by the family of the bride in the ‘*tika*’ ceremony where community members gather to bless the couple. In Nariar families gave to their daughters the standard –TV, *godrej*/wardrobe, *pankha*/fan and *palang*/bed, and depending on means add to this list a fridge, water cooler and sofa-set. During the wedding-season vehicles carrying these gifts commonly ply through the village to and from people’s homes, and their contents are the subject of keen observation, discussion and much gossip. This ostentatious gift-giving and spending around marriage, is also about ‘showing off’ and described in one narrative as down to ‘*nakal*’ karna or ‘copying’ by the ‘*chote-log*’ or small people of the ‘*bade-log*’ or big people (Source: Field Notes - Sarpanch). This change has both a sanskritisation and caste dimension, and is exceedingly important in status competitions between households (as also discussed in Jeffery 2014). This gift giving is explained as parents giving their daughters what they can, the emphasis and value being on the daughters and couple rather than structural one-way gift giving to the groom’s family. Given that dowry was near absent until about 15 years ago, the idea of dowry as circulating gifts managed by the groom’s family (Goody and Tambiah, 1973) was not of relevance here.

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<sup>102</sup> See for instance Tambiah and Goody (1973, 1989); and more recently Jeffery (2014).

<sup>103</sup> Both the groom and the bride’s sides largely manage expenses of entertaining their respective guests prior to the ‘*lagan*’ or the marriage ceremony involving both parties typically held in the woman’s house (though this is not the only form of marriage). The bride’s family has the significant expense of hosting the ‘*barat*’ (accompanying members of the groom’s side) who come for the ‘*lagan*’. However the bride’s family, in significant numbers, are also subsequently hosted by the groom’s and hence costs of entertainment near equalize. In terms of gifts exchanged, the groom’s family are expected to bring gifts in engagement (importantly, here, a ring), while the bride’s family give household gifts to their daughter, a tendency observed of late.

Amongst the Satnami and the Pardhi, the traditional exchange has been a bride price and while many amongst the younger generations are not familiar with or articulate its significance, the bride price or '*sukh*', marks a fundamental shift in the position of women and reciprocity within the alliance and marriage exchange, as also discussed with reference to the region by Parry (2001). Unlike the north-Indian marriage forms where 'kanyadaan' positions marriage as a unilateral 'gift' or '*daan*' of a 'virgin' or '*kanya*' - symbolising the official renouncing of parental claims over their daughter and unilateral gift-giving<sup>104</sup> - marriage practices in Nariar tend to prioritise women's ties and interdependence with natal kin. While in Nariar the bride price is only spoken of as being token, it is a marker of reciprocity in relationships and I draw on three extracts from field-notes and interviews to illustrate.

*"If we gave our daughter in kanyadaan, then we would not be able to have even water in her house, or eat in her house or take anything from her... why then have a daughter? This is why we don't do the kanya-daan but take the suk, a small sum say 40 rupees, essentially to continue to be able to have water in her house."*

[Elderly couple, Pardhi Para]

*"A daughter is like your 'maike' (natal home). When you are fed up with your son, your daughter in law is fighting with you, and there is tension and squabbling all around, you can just pack-up and leave, say good riddance and to go off to live with your daughter for a bit. [She then went on to impress on me that this – security in old age - is the reason why I must not be content with the one son that I have but must also have a daughter]."*

[Rejabai, Mother-in-law, CS HH Pardhi-1]

*"The suk is to be measured (jothwe/weighed), if Rs.101 is given by the groom's side, then a tiny sum say Re. 1 is retained, and if 1 rupee is not available, then 'ek chutki sindoor' or 'a pinch of vermilion' is retained. "*

[Paridabai Mother-in-law, CS HH Satnami-5]

The above statements from the ST Pardhi and SC Satnami communities illustrate the value placed on ongoing ties with daughters, and also 'support' of daughters in later life, the *sukh* acting as a symbolic marker of the nature of the marriage exchange and reciprocity therein.

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<sup>104</sup> According to Hindu scriptures parents giving a daughter as a gift (*kanyadaan*), gain prestige and merit. Through this ritual they officially give away the rights and duties towards their daughter to the groom's family. It is also expected to cleanse sins.

In fact, the Pardhis, as discussed, do not view male offspring as essential given perhaps that the daughter and her spouse would be available to look after parents in old age. Satnamis too, we see from the quote above and from the work of Parry (2001), have rejected ideas of the unilateral gift of a bride in '*kanyadaan*'. While the younger generation Satnamis are usually not familiar with the idea of '*sukh*', older women identify with it. The symbolic retention of a pinch of '*sindoor*', worn by a married woman in the parting of her hair, arguably the most visible signs of her married status or *suhaag*<sup>105</sup>, signifies perhaps that even on marriage a woman's absorption into her conjugal home is never absolute.

Further, apart from emphasising ties with their daughter the statements also indicate the value of reciprocity. The 'right to drink water' positions the lineage giving a woman in marriage 'wife-givers' not only as 'donors' but also as recipients of hospitality from daughter's conjugal homes<sup>106</sup>. While the ST Pardhis and SC Satnamis as we discuss mention the existence of bride price, the OBC Sahus and Yadavs do not mention bride price as a practice. However, amongst these communities too, women maintain strong ties with natal kin<sup>107</sup>. Most women while identifying with their conjugal home do not feel restricted in their access to their natal homes, and the latter are usually within a 2-3 hour travelling distance.

A woman's access to lifelong support of natal kin networks is argued to be critical to her bargaining position within her conjugal home (Karve 1968; Dyson and Moore 1983; Dube 1997). In the region of Nariar, the above discussion illustrates that across communities, exogamous marriage rules co-exist with a value placed on reciprocity, with women here continuing to have strong ties with natal kin, also made evident in the common expression describing the frequency of visits to natal homes as being '*baar baar*' or 'again and again' at any '*bahana*' or 'excuse'. The keenly celebrated festival of *Teeja* in the month of *Shravan* (July-August) is centred on married daughters visiting natal homes<sup>108</sup>. Apart from this institutionalised annual visit, life cycle events such as a marriage or childbirth or even other

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<sup>105</sup> *Suhaag* implying that a woman is married and is sexually active. The mangalsutra, bangles and particularly the sindoor worn in the parting of a woman's hair are important symbols.

<sup>106</sup> The statements of the Pardhis and Satnamis hint at a latent matrifocality - where women are heads of family units along with children, and where men are absent for periods of time. It is suggested that this is a structure that emerges in regions where women have important economic roles, or where men are often absent (Laura Hobson Herlihy, 2007). It could be said that this is not untrue for Nariar, since women do play an important part in the economy and are managers of the household in many respects.

<sup>107</sup> Discussions about bride-price did not find resonance amongst the Sahus and Yadavs. Sharma (2010) also mentions that bride price was not common amongst the OBC groups. Parry (2001), however, says that it is 'whispered' that bride price was common in years past also amongst non-SC/ST OBC groups.

<sup>108</sup> While women fast at *Teeja* for their husband's wellbeing, the fast is incidental (many are unfamiliar with the reasons for the fast), and the primary excitement and 'delight' centers around the homecoming of the daughter.

more casual reasons are 'excuses' to visit. Natal kin further visit a woman's conjugal home during the *chatthi* ceremony celebrating childbirth and other life cycle events. A mother may come to live in a daughters's conjugal home to help during childbirth and with childcare for a newborn, other common examples include for instance, siblings living with married sisters in their conjugal home for the purposes of education and a woman having her child brought up by his maternal grandparents or *mama* (maternal uncle) for stretches of time<sup>109</sup>. This *aana-jaana* or coming and going between homes is valued and accepted, and there is not the question across communities of 'not-taking' from married daughters. Relationships between the *saas* (mother-in-law) and *bahu* (daughters-in-law) are also not usually characterised by the opposition expected in exogamous kinship systems (Dyson and Moore 1983; Dube 1997). In virtually every observation I found the *saas* not dominating but considerate to the *bahu* and facilitative of her visits to her natal home. Considerations regarding a *bahu's* visits to the natal home were not rooted in structural intra-familial power relations that exogamous marriage rules are expected to predict, but were mainly 'practical' relating to a woman's responsibilities in her conjugal home - care of children, work in the farms, cooking, and to whether another woman could substitute for domestic duties in the *bahu's* absence, since men rarely shared domestic duties<sup>110</sup>.

Further women have had the freedom to initiate a break of marriage ties, and to 'fall back' on their natal homes. This is contrasting to narratives from north India, where natal kin are less available as a fallback option<sup>111</sup>. In Nariar marital breakdown has not been treated as a matter of grave or lasting shame. Women's *bhag jana* or 'running away' as described in the introductory quotes is an expression not uncommonly heard. Moreover women are not typically blamed for a marriage breakdown, rather the common opinion is that a woman would be back 'sitting in the *maike*', only if things were unfair to her - maybe her husband was a drunkard, or beat her or the family gave her '*dukh*' (suffering and unhappiness) - indicating the view that a woman must not needlessly suffer in marriage.

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<sup>109</sup> Field Notes: Case HH Satnami 8 (Kalpana's mother helps at childbirth in conjugal home), Case HH Satnami-3 (Savirabai's unmarried sister lives with her in conjugal home), and Case HH Satnami-6 (daughter's child brought up by grandparents).

<sup>110</sup>Examples: Case HH Satnami 8 - A visiting aunt spoke of how her *bahu* had not had the chance to visit her *maike* given that they lived far away in Calcutta. They were making a first visit to Chhattisgarh with their child. Sympathetic to this, the mother-in-law even suggested that the return tickets to Calcutta that had already been booked could be cancelled if her *bahu* 'wished' to stay on further at her natal home. In another conversation in the neighbouring village of Nimgaon, both the mother-in-law and daughter-in-law spoke of practical considerations such as childcare and work opportunities as shaping decisions to visit natal homes. These examples reveal the little meaning that questions on 'permission' to visit home, or health centre, have in demographic surveys – also since decisions are taken collaboratively.

<sup>111</sup> The norms of khap panchayats of the Jats in north-west India for instance are a notorious example.

Husbands may sometimes visit to ask wives 'sitting' in their *maike* to come back with them and women may return, or may '*banao*' or 'make' a secondary relationship. Importantly though, members of a woman's natal kin, such as her father or brother do not carry the weight or responsibility to escort the married daughter or sister back to her conjugal home, as is known to be the norm in northern cultures, where the instability in the marriage of a daughter or a sister reflects on male honour (See for instance Van Baal 1975). In one discussion around the case of a Satnami woman, who was 'sitting in her *maike*' for three years before her husband came to pick her up, it was viewed by my informant as incorrect that the woman's husband did not initiate a patch up in this time '*galti kisi ki bhi ho*' or 'irrespective of who was at fault' (her words) that lead to a marriage breakdown (Case Study HH Satnami-7)<sup>112</sup>. The instability of marriage in this region is also described in the ethnographic work of Parry (2001), who from research in two ex-villages in the region of the Bhilai steel plant found that almost half the primary marriages amongst the Satnami had ended in divorce, and a majority of the ex-spouses had remarried (Parry 2001). In Nariar, there is tolerance of marriage instability and traditionally both women and men have had the freedom to establish secondary relationships through the rite '*churi pehnana*' or 'the putting on of bangles'<sup>113</sup>.

In Nariar while women may 'cover their head' (*ghunghat*) in the presence of men and family elders, the region has not had the tradition of veiling of the face (*purdah*). While amongst the ST Pardhi communities we don't see any significant seclusion of women, young women from the SC Satnami and OBC Sahu and Yadav communities do have restrictions on their mobility within the village and outside it. Women are secluded from interactions with and from the gaze of men, and restrictions are placed on the mobility of daughters of marriageable age and young brides. This is usually not so much by way of restriction of access to education for girls, however, women of marriageable age, or young brides usually do not travel alone to public places or outside the village – such as to the town, health centre or market. Within the village they do not 'roam' the streets or go to the village store, and a younger child or older woman to whom such mobility restrictions do not apply does the shopping. Young women may travel to the aanganwadi though which is perceived as a 'women's place'. Women's '*ghoomna*' or 'roaming' in the village is viewed as unfavourable,

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<sup>112</sup> Indeed many women back in their *maike* are too proud to initiate steps to go back to their conjugal homes and expect the man to make the effort to cajole them back.

<sup>113</sup> See Parry (2001) for a fascinating account of marriage in the ex-villages (now urban sprawl) of the Bhilai Steel Plant 50 km from Nariar. While women have the freedom to establish secondary relationships, my intention is not to indicate that a break of marriage ties is always an easy or immediate response for women. This choice is more difficult for women with children. Besides, women are also concerned about 'sitting' in their *maike* indefinitely waiting for a new match or for their husbands to come to fetch them.

and men of the family may disapprove of or restrict women from taking up work outside the home<sup>114</sup>. As is argued by Gupta (1995), amongst others, there is some change in women's social position across the life course, and this in Nariar is significant with respect to seclusion norms. While mobility of women of marriageable age and recent '*bahus*' of the village is restricted, these restrictions become less strict as a woman advances in age.

Counterintuitively, given the high instability in marriage and relative sexual freedoms women across communities have had post marriage (I do not speak for upper castes), seclusion in the case of unmarried girls from the Sahus, Yadavs and Satnamis is linked to the idea of a woman's 'sexual purity' at marriage, and this does appear to underpin the historic 'early marriage' in the region. In Nariar, older women from the non-Pardhi communities in their 40's and 50's when asked what they remember of their own marriages, often remark that they couldn't remember since they were toddlers, and while I did not come across an actual example in Nariar, 'rumours' of past alliance fixing for yet unborn children should they happen to be of opposite sex are heard not uncommonly. As discussed though, post-marital sexual restrictions have been less strict, and a woman's conjugal position is not marked by submission. Age at marriage here seems to present at least some challenge to the dominant ideas on its links to female autonomy or empowerment. The literature on women's empowerment asserts that age at marriage has a direct relationship with female power - low age at marriage being restrictive for a woman's available freedoms (see for instance Mason 1987; Desai et al. 2010; Dyson and Moore 1983), though in Nariar a traditionally low age at first marriage, for all non-*adivasi* communities, is accompanied by women's relatively favourable historical positioning. Extremely early age at marriage in the past has gone alongside women's subsequent sexual freedoms. Parry (2001) has an interesting take on the unexpected 'liberating' effect of early marriage in this region. He argues that the idea of women's virginity at marriage has been particularly important by requirements of Hindu scriptures, though once done, the '*shadi*' or the marriage had a 'liberating' character. Any sexual transgressions post marriage, and before/after *gauna* or the consummation ceremony, were seen as those of a married woman. He speaks of the increasing 'weight of virginity' that has accompanied an increase in age at marriage, since the 'burden' of keeping a woman a virgin until she is older is heavier and is linked to seclusion. With this account of women's societal position as embedded in kinship and marriage I now move to discuss the

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<sup>114</sup> Examples: Case HH- Yadav 1, Rekha reported that women from their household were not allowed to work, CS HH Satnami-6 *bahu* particularly secluded, Case HH Satnami-4: Harini not allowed to work on NREGA even though she would have liked to, and Case HH Satnami-3: *Bahu* not allowed to work as construction labour as men do not like her to be in the gaze of other men.

other predominant theory explaining gender inequality which views the primacy of women's roles in economic production.

#### 4.2.4: Women's roles in economic production

*'If women did not work in Chhattisgarh then people would starve'*

[Woman in her 50s, Satnami, CS HH Satnami-5]

Women in Chhattisgarh have played an important role in the rice-farming dependent agricultural economy of the state. They are responsible for undertaking the time-intensive and arduous weeding or *nindai* operations and harvesting or *katai* in particular, and play a role in threshing and winnowing activities. Men's major activities in agriculture include preparation of lands prior to sowing, re-ploughing of fields once seedlings have emerged (a process particular to the region called *biasi*)<sup>115</sup>, distribution of fertilizer/pesticide. and bundling/loading/unloading activities to transport the harvest, and market rice, apart from roles in threshing and winnowing along with women. Table 4.1 below presents an overview of the economics of rice farming in the region and gender division of labour therein, and Tables 4.2 and 4.3 present usual tasks by gender for non-tribal communities, and for the Pardhi tribe. Overall the woman-days of work involved in farming a particular plot of land are greater than the man-days, and men's activities though sometimes 'heavier' and more dependent on muscle power are less tedious, less time consuming and less back-breaking. Both genders view weeding activities as arduous. Furthermore there are more women-days of 'hired' labour given their more time-consuming roles. While it may take 2-3 man-days in total for the ploughing, fertilisation and pesticide activities for an acre of land and a couple of days for *biasi*, typically it would take about 25-30 woman-days of weeding time for the acre. Further, men's roles in harvesting were mainly bundling/loading and unloading. These are activities that require physical strength, but which overall require fewer 'days' of work compared to female labour in cutting operations. It is sometimes remarked that there may be a degree of recent flexibility in the gender division of labour, though the main labour-intensive activities during my data-gathering time continued to depend on the hired female

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<sup>115</sup> In the region, seeds are directly scattered onto the soil, and the *ropa* method of rice cultivation (transplantation of rice seedlings in standing water) is rare. The latter is labour (and hence cost) intensive and requires assured water. The operation of *biyasi* involved ploughing and re-distributing seedlings.

labour<sup>116</sup>, and any role flexibility - in weeding activities for instance - is not significant and largely takes the form of men 'chipping in' with the work on own or sharecropped farms that the household manages<sup>117</sup>. While women in a joint dwelling may divide between their household and farming responsibilities, women's work in production is often 'in addition' to their domestic responsibilities such as preparation of meals, managing kitchen gardens, washing clothes, carrying in household water, looking after children's needs and if with young child, invariably nursing.

**Table 4-1: The economics of rice farming and gender division of labour (estimates do not include costs of household labour)**

ESTIMATES FOR 1 ACRE OF LAND IN 2012 - by direct dry-seeding method						
Operation	Description	Sex	Time required	Arduousness/Risks/Skill	Time/Costs	Costs (Rs)
<b>Jotai</b>	Preparation of land for planting - with help of tractor	Man	2 and 1/2 hours	Not particularly arduous. In pre-tractor times, an arduous 1-2 day job (help of bullocks)	2 1/2 hr@ Rs. 500/hr	1250
<b>Bunai</b>	Planting: Scattering of seeds (khula mein chitakte jaate hain)	Man	2 hours	Not arduous	Usually on same day as <i>jotai</i> . Seed costs Rs. 1000/acre.	1000
<b>Biyasi</b>	Ploughing standing seedlings with help of bullocks (a process called bushening).	Man	1 day	Arduous – managing bullocks in standing water/seedlings is tricky and requiring of strength	Usually family labour. 1 acre per day	
	Redistribution of seedlings	Chiefly women	1-2 days	Arduous – back breaking long hours in standing water	Usually family labour	

<sup>116</sup> The labour was hired from within the village for most part. There is much emphasis on timely completion of weeding and harvesting operations once they have begun, and, hence, household members alone do not suffice. Women work as hired labour, oftentimes in fields of those they may know or have friendly relations with (it is not very prestigious to admit today that a woman is working in another's fields as 'labour'. To work in one own fields or fields of associates is more acceptable). The Sahu household which has particularly large land holdings brings in migratory labour for harvesting – mainly women, who stay as a group in a shed outside the Sahu home for several days at a stretch and work long hours. The migrants are viewed by the Sahus as more efficient and focused on the job than local workers, given their low local stakes and village ties. Local workers are viewed as working shorter hours and having many considerations that slow down work.

<sup>117</sup> Observation of weeding activities at a field in 2012: the only man on the scene was the husband of a woman who owned the field in her natal village, Nariar. It was the wife and about 5 other women who did the main work while the man partially joined in, he oftentimes sat on the bank watching the women at work. An older man, a relative of the owner, helped out at a slow pace.

	post ploughing					
<b>Fertilizer</b>	DAP – 1 bora/sack	Chiefly Man	Couple of hours for each	Short duration tasks requiring skill - using machine in standing crop. Pesticide also dangerous for skin. (Women play supportive role)	@ Rs.1250 /bora	1250
	Urea - 3 Bora/sack	Chiefly Man			Rs. 800 for 3 boras	800
	Potash – 1 Bora/sack	Chiefly Man			@ Rs.800 /bora	800
<b>Pesticide</b>	Kitnashak (pesticide)	Chiefly Man				1200
<b>Nindai</b>	Weeding	Women	25-30 women days	Most arduous—given the long duration and extensiveness of the task. Long hours spent in bent position in standing water	Wages Rs.70/day for a 7 hour day (incl 1 hr lunch break)	2000
<b>Katai / Luvai</b>	Harvesting  Lifting harvest bundles most arduous here	Chiefly Women  (cutting) + Men (bundling/lifting)	10-12 women days + 2-3 man days	Cutting is mostly done by women. The bundling/lifting is the more 'heavy' operation	700-800/acre usually a contract	800
<b>Tractor Transport</b>	Transport of rice to biara-homestead threshing plot	Men			Tractor hire @ Rs. 500	500
<b>Minjai</b>	To separate the grain from the stalks in the biara	Men & Women together	casual hours	Comparative to other main operations less arduous	Usually family labour	1500
<b>Osai</b>	Winnowing – with the help of a fan	Men & Women together	casual hours	Comparative to other main operations less arduous	Usually family labour	400
<b>Total Input Costs (not incl. household labour) per acre</b>						11500
<b>Profits per acre:</b>						
<ul style="list-style-type: none"> <li>In this region roughly 22 boras/sacks of 75 kg each (pre-milled rice) are produced per acre. This approximates 17 quintals of pre-milled rice (1 quintal = 100 kg). The government procures the pre-milled rice at Rs 1,300/quintal. About Rs. 22,100 (Rs.1,300 multiplied by 17 quintals) is received per acre. Post milling the de-husked rice reduces from 75 kg to 40 kg/sack.</li> <li><b>Profits per acre: Rs. 22,100 – 11,500 (costs) = Rs.10,600.</b> If household labour costs, based on rough time inputs are valued at roughly Rs.3,000 per acre, then profits reduce to Rs.7,600/acre.</li> </ul>						
<b>Days of labour</b>						
<b>Man days/acre:</b> 6-8 days (exclusive) + 10 days (in activities along with women)						
<b>Woman days/acre:</b> 36-40 days (exclusive) + 10 days (in activities along with men)						
<b>Source:</b> Field notes. Cost estimates below are based on discussion with managers at the rice federation on 28 <sup>th</sup> August 2012. Details added based on other observations as well.						

**Table 4-2: Usual ongoing and annual main tasks by gender for Satnami, Yadav and Sahu households**

<b>MEN</b>	<b>WOMEN</b>
<b>Everyday Domestic Tasks</b>	
Bringing in shopping/groceries	Bringing in of water
Some child overseeing	Gathering of firewood
	Bringing in shopping/groceries (Older women)
	Childcare + nursing
	Cooking
	Washing household clothing
	Washing dishes
	Cleaning home
	Managing home gardens
<b>Annual Domestic Tasks</b>	
	Annual making of dung+ straw cakes as fuel for the year (post-harvest Jan-March)
	Annual <i>lipai</i> (mud layering) of the house/compound in preparation for Diwali – Oct/Nov
<b>Agricultural Tasks</b>	
Ploughing - tractor	<i>Nindai</i> or Weeding
Biyasi – Ploughing standing seedlings with bullocks	<i>Biyasi</i> – Straightening Seedlings
Spraying fertilizer/Pesticide	Supportive role in pesticide/fertilizer application
Minjai – Winnowing (with women)	<i>Katai</i> – Harvesting
Bundling and transport of harvest	<i>Minjai</i> – Winnowing (with men)
Rice Milling + Sales	
<b>Non-Agricultural Economically Productive Tasks</b>	
Casual Labour in Raipur or other centres	Casual within the village jobs as school cooks or sweepers, aanganwadi helpers/workers, health volunteers.
Casual labour in neighbourhood Rice Mills/ Fireworks Factory	Other casual labour
Casual labour in neighbourhood Grain Storage Federation	Casual labour in Rice Storage Federation
Managing small home business	Vegetable vending
Casual construction labour	
Small casual labour/managing at panchayat	
NREGA Labour/Managing	NREGA Labour/Water bearers
Managing grocery shops	Managing grocery shops
Some 'service' jobs	Some 'service' jobs

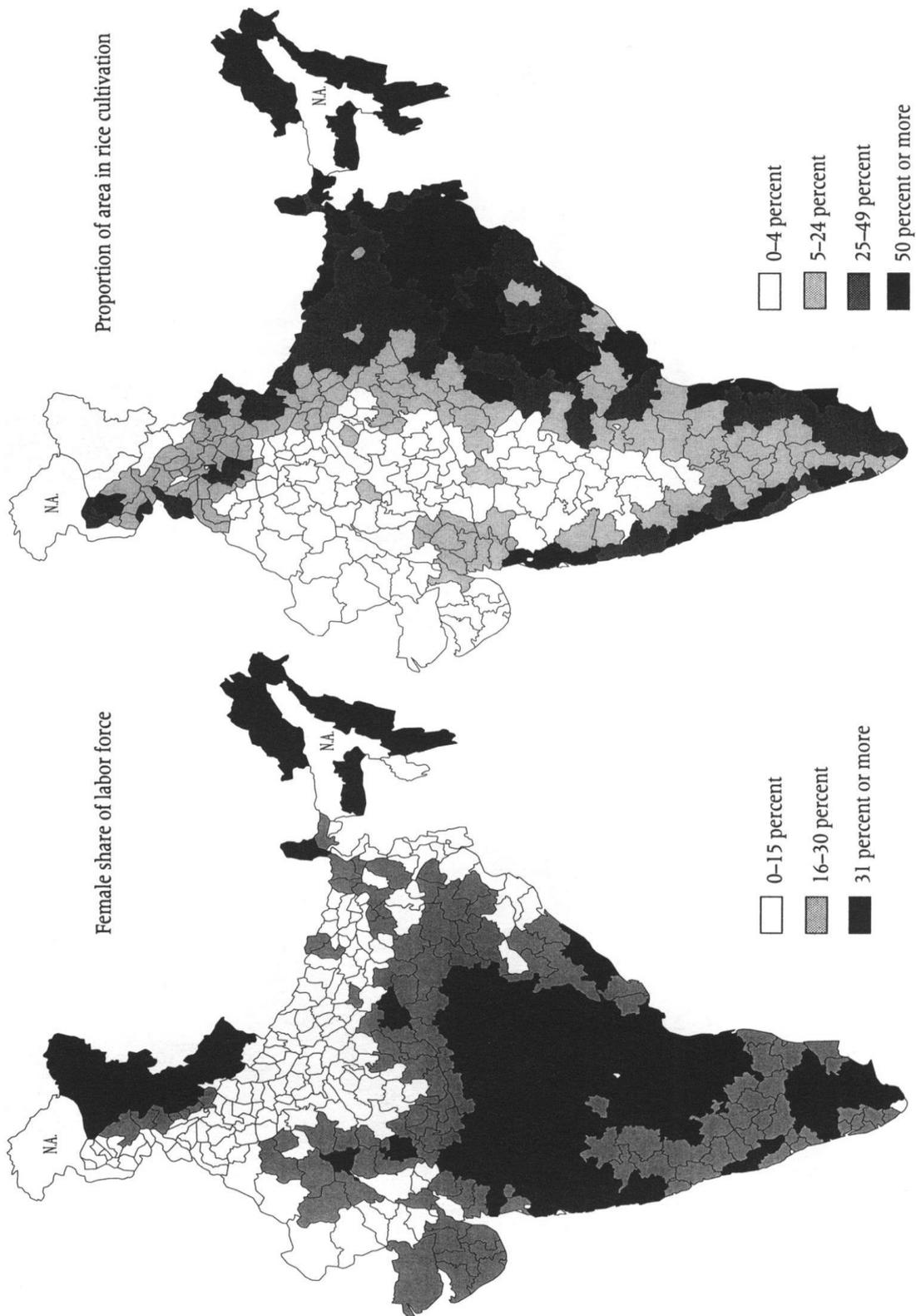
**Table 4-3: Usual ongoing and annual main tasks by gender for the Pardhi Tribe**

<b>MEN</b>	<b>WOMEN</b>
<b>Everyday Domestic Tasks</b>	
Bringing in the shopping/groceries	Bringing in shopping/groceries (almost any woman)
Some child overseeing	Bringing in of water
	Gathering of firewood
	Childcare + Nursing
	Cooking
	Washing household clothing

	Washing dishes
	Cleaning home
<b>Annual Domestic Tasks</b>	
	Some may make dung+straw cakes as fuel
	Annual <i>Lipai</i> (mud layering) of house
<b>Agricultural Tasks</b>	
Ploughing – tractor (hired)	<i>Nindai</i> or Weeding
Biyasi – Ploughing standing seedlings with bullocks	<i>Biyasi</i> – Straightening Seedlings
Spraying fertilizer/Pesticide	Supportive role in pesticide/fertilizer application
Minjai – Winnowing (with women)	<i>Katai</i> – Harvesting
Bundling and transport of harvest	<i>Minjai</i> – Winnowing (with men)
Rice Milling + Sales	
<b>Non-Agricultural Economically Productive Tasks</b>	
A little casual Labour in neighbourhood Grain Storage Federation	A little casual labour within the village as aanganwadi helpers + education volunteers
Begging	Outside village begging – very often women
Gathering broom Leaves from trees + transport on bicycles	
Broom /at making	Broom/Mat Making
Broom/Mat selling – outside village	Broom/Mat selling –outside village
Seasonal gathering/making/selling of items for ceremonial use – for instance flowers, hanging mobiles during the festival of Diwali	Seasonal making of some ceremonial items hanging mobiles (Diwali time)
Bird hunting + Fishing for mainly domestic consumption	

The Census of India is the main source of data on female labour force participation and puts the region of Chhattisgarh as one where female labour force participation is high (See Map 4.4 and Map 4.5 below reproduced from Malhotra et al. 1995 on all India labour force participation by district in 1981 and on areas under rice cultivation). Women in the Chhattisgarh rice-growing plains have traditionally had an important productive role to play in farming and as agricultural labour, through which they have also brought in important cash-incomes. Their traditionally having played this essential productive role, in an economy that was until recently largely dependent on agriculture, lends support to the arguments emphasising the importance of female economic ‘worth’, its implications for the value of the female child, and allocation of resources to the female child and to her survival and wellbeing (Boserup 1970; Miller 1981; Bardhan 1974). Women’s economic roles perhaps mediate effects of kinship systems that, despite being based on seeking exogamous marriage partnerships, do not inherently subordinate a woman. My observations in Nariar also lend support to the conclusions of Agnihotri and colleague who found that female labour participation was an important determinant of anti-female bias, and that the effect of female labour participation was much more significant in regions where Indo-Aryan kinship was predominant (Agnihotri et al. 2002).

**Map 4-4: Female Labour Force Participation and Map 4.5 Area under rice cultivation based on Census of India 1981 (Reproduced from Malhotra et al. 1995)**



### Box 4-3: Female social position in Chhattisgarh: Is the sex ratio a red herring?

A doctor with a non-government institution that provided specialist medical care in rural Chhattisgarh opined in discussion with me that in his experience the sex ratio in Chhattisgarh was a 'red herring'. In his view, the near equal survival rates amongst the sexes masked the disproportionate health and work related disadvantages that females in Chhattisgarh faced. Further he was of the view that the custom of '*churi*' (through which women's rights to establish secondary relationships were formalised) was overly romanticized as a symbol of female empowerment, obscuring the large-scale incidence of abandonment and desertion of married women by men. The current research project is not designed to fully examine this opinion of dimensions of female disadvantage. Health seeking attitudes and practices in the village did not appear to display disadvantage by sex, though data on more macro health indicators (beyond what is available in NFHS on anemia or BMI) is not easily available by sex or analyzed in this thesis. Further while some women seek more stable marriage partnerships (as hinted to also in the work of Parry 2001 for instance), in Nariar questioning around marriage and its breakdown did not reveal a sharp, unfair 'abandonment' of women. However my observations in Nariar did to some extent support the impression of women's overwhelming work responsibilities in the home and field, particularly in times when the economy was less diverse and more dependent on agriculture. My observations also showed that women's mobility and employment they may seek was bounded, and that they were secluded from men.

We see in table 4.1 that women play an overwhelmingly important role in agriculture. This work is further combined with home responsibilities and in agricultural seasons of *nindai* and *katai* women's days are particularly long. During *nindai* and *katai*, a woman's day begins around 4.00 am to start with the cooking, which is usually firewood-based, and an involved and time-consuming process. Post the washing up and meal, women head out around 8.00 am to the fields. Spending the day there at work they come back around 4.00 pm to prepare evening meals, bring in water - carrying it from a common source, manage children's needs and also find the time to bathe and wash the household clothing. Men from Nariar now frequently travel outside the village for casual employment, often of a physically demanding nature and are seen increasingly as the main 'providers', in an economy where agriculture is less important. This was not so in the largely agrarian economy though, and even today there are many days when men in Nariar appear to have little to do. Women sometimes joke that men sit around idle and play *satta* (a gambling racket). Women's greater autonomy is associated with their historically disproportionate productive and home-based labour, arising from their management of the home, children and farm.

In Nariar's NREGA work of the year in 2012 too (deepening a village pond), the work of digging and filling baskets was done by the men, while the 'heavier' work by both men and women's categorization, of carrying the load up a slope in baskets on their heads - the most difficult bit as all recognised - was done by women. This latter task - placing of mud in baskets on the head - was a matter of 'shame' for men to carry out. Further after doing the relatively heavy work in NREGA, women walk back to their village (about 1 km away), while men rode away on their bicycles. Women would also complete the home-based chores and manage kitchen gardens. In discussions, men recognise that women's domestic responsibilities are additional to their farm work, and in agriculture their roles more time consuming and arduous, though not always more power intensive than those of men.

Ann Whitehead speaks of the inappropriateness of colonial narratives, which in their attempt to make visible the work of women in African agriculture, portray and label rural African men as 'lazy', and uncaring of the disproportionate work burdens on their wives and daughters (Whitehead 2000). My intention is not to undermine the role of men in the Chhattisgarhi economy. Rice farming is of course a joint project, and as we see in table 4.1 men have in the traditional economy played some important roles in agriculture. Furthermore, in today's Nariar, men are the primary producers in many households. They work in often-difficult situations outside the home as contract labour.

Yet while recognising men's roles, it would be incorrect to not acknowledge women's, perhaps disproportionate work responsibilities in the home and field in the traditional rice-based economy<sup>118</sup>. In

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<sup>118</sup> The Gender and Development Approach (GAD) for instance has highlighted the unequal and unrecognized female caring work burdens, in the societal assigning of roles, responsibilities and expectations to both women and men and the need to quantify work burdens (Moser 1993).

Nariar, it was taken for granted that women would manage domestic chores. In one instance reflecting on my question regarding domestic responsibilities, Ashwini, a health supervisor in the village said that young boys were socialized to 'casually drop' their clothing after wear, and leave their dishes about after consuming food/tea – the point being that they do not 'even' tidy the clothes and carry the dishes to the right places for women to take over and wash them. Furthermore, in the course of discussion at the NREGA field site, men recognised the domestic 'burdens' on women. 'Women of course have it difficult' they said in summary and interestingly, they too brought up the casual manner in which they could deal with their own clothing – 'take it off and drop it' for women to gather and wash at the village pond. Moreover, as we discuss, the length of stay of a married woman in her natal home was not defined by structural inequalities of hypergamy, but more by practical considerations of who would manage the all-important cooking in her conjugal home while she was away.

Women's important economic roles have gone along with women's social prominence. Older women from the Satnami and OBC communities, after life-long prominent roles played in the economy, at home and in care of their children are, in fact, the 'matriarchs' in the family home. While men may be the 'official' heads of the household, older men do not always command the same respect and position as the elder woman or matriarch does.

The gender division of economically productive labour is changing however with the increasing importance placed on work outside agriculture – which men usually carry out - and with the mechanization of some agricultural operations such as harvesting. In the *nindai* season of 2012, a subject of street side chitchat was that the weeds or *bann* were few in the year with, as is locally said, 'medicine' or *davai* being pumped into the crop (reducing women's labour in weeding perhaps). There are signs that some women belonging to families with relatively greater economic means 'withdraw' from agriculture, and this is also a matter of household status. The implications for available labour employment for other women (who are not withdrawing from agricultural labour) are not entirely understood. As men increasingly assume the role of providers, it appears that there are increasing restrictions on female mobility. There are examples of women from more prosperous families not working in the fields, and of women being restricted from taking up opportunities for paid employment, as men become providers.

*None of the women from our family work, the men say, if we are working, what is the need for you folk to work?*

[Rekha, Yadav CS HH Yadav-1 - In her early 20s living with her grandmother in Nariar post a marital breakdown]

This does not mean that women do not lend a hand in their own fields, but that women's working for cash is not encouraged. Women sometimes welcome not having to 'labour' in the fields though there are also the cases where women would have liked the cash income from hiring themselves out as labour.

As discussed, women in Nariar have not traditionally entered into a structurally subordinated position in relation to their mothers-in-law, and, therefore, this aspect, i.e. the hierarchy in mother-in-law - daughter-in-law relationship does not mediate dramatically the effects of household composition on gender. However, nucleated households have to manage their own 'economics' and this has implications for female labour force participation. Families living within the same larger dwelling but having separate 'cooking-units' often have noteworthy divergences in economic position, and this shapes how women may or may not labour, and how households make decisions or use resources.

**Photo 4-1: Women work at the local government managed rice storage federation**



**Photo 4-2: Post-harvest rice stocks – rice storage federation**



**Photo 4-3: Savirabai separates the rice from the chaff**



**Photo 4-4: A Pardhi woman and boy winnow rice**



**Photo 4-5: Migrant women labourers make rope to bundle rice at the end of a harvest day**



## **4.3: GENDER RELATIONS, DEMOGRAPHIC OUTCOMES, REPRODUCTIVE HEALTH AND NUTRITION**

We have discussed the theme of sex-differentials in mortality, that adult sex ratios are near equal and that child sex ratios in Chhattisgarh are neutral or feminine at most and this is irrespective of a strong son-preference in the region. The discussion lends support to the argument that in this region where women play a large and important economic role in agriculture, their survival chances are more equal, and furthermore my data is not inconsistent with the viewpoint that rice farming systems are facilitative for more egalitarian gender-relations. I move now in the next section to a discussion on the interconnections of gender in Nariar with fertility.

### **4.3.1: Persistence of high fertility: Reasons and implications**

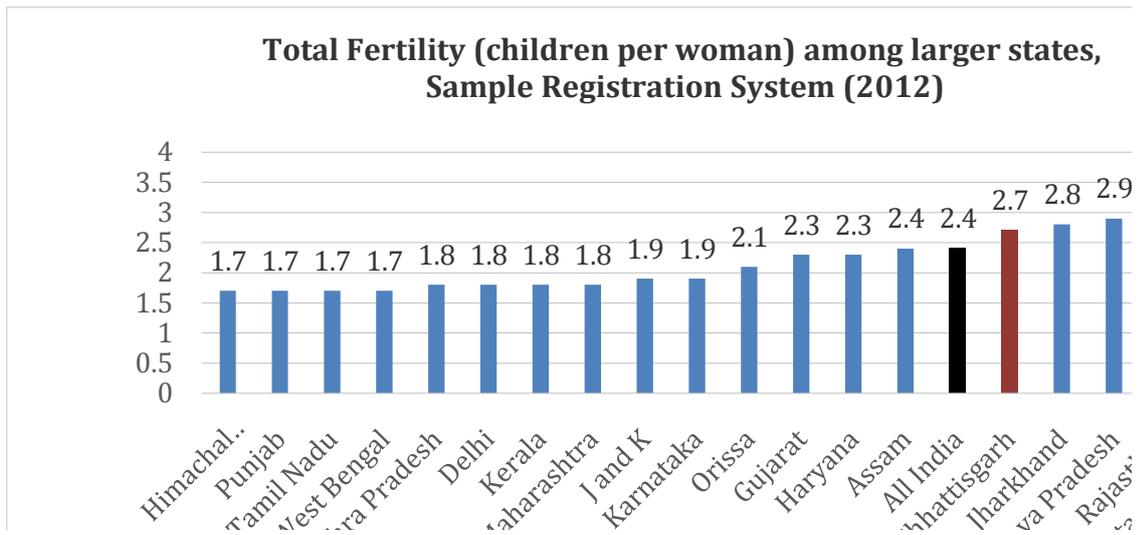
In the demographic literature it has been argued that female autonomy has strong links with fertility patterns, and that female autonomy and fertility patterns are inversely related. Further, low female autonomy is perceived as a barrier to fertility reduction (Mason 1987; Malhotra et al. 1995). Dyson and Moore describe a north-south divide on fertility patterns, and argue that southern kinship systems and greater female autonomy in the south explains lower fertility in the region. Chhattisgarh is interesting in this regard, since by key indicators of female power, the position of women has been favourable, yet fertility in the region is also high. We see from 2012 data from the Sample Registration System (SRS) presented in Figure 4.14 below that Chhattisgarh with a Total Fertility Rate (TFR) of 2.7 aligns with the northern states that have higher fertility to the national average TFR of 2.4<sup>119</sup>, an alignment also evidenced by Map 4.5 below on fertility in Indian states, based on NFHS 3 data from 2005-06<sup>120</sup>. A range of variables, including general deprivation, education and the provisioning of family planning services, in combination affects fertility rates. I focus though on the links between gender-relations and fertility in the context of Nariar.

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<sup>119</sup> TFR is the average number of children expected to be born per woman in her reproductive years.

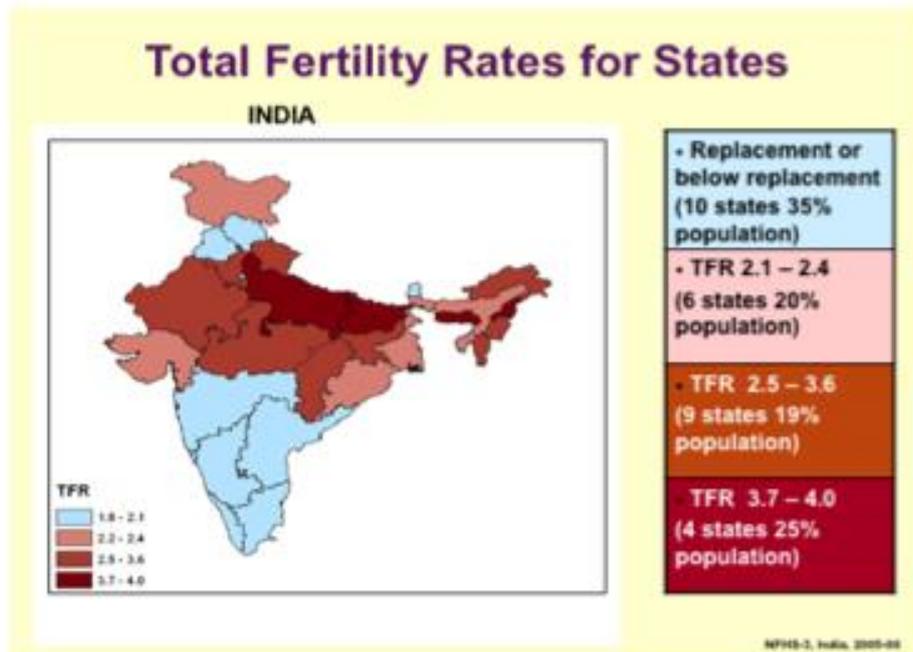
<sup>120</sup> See Annexure 4 for table on fertility rates by rural and urban criteria.

Figure 4-14: Total Fertility Rate by residence, India and bigger states



Source: SRS Statistical Report 2012 (Chapter 3)

Map 4-5: Fertility by Indian States, NFHS-3



Dyson and Moore argue that fertility within marriage under northern kinship is subject to pronatalist pressures (1983: 48), and further it is widely agreed that son-preference in itself engenders high fertility (Dyson and Moore 1983; Dreze and Murthy 2001, Malhotra et al. 1995; Bhat and Zavier, 2003). Data from Nariar lends support to this view. In Nariar as elsewhere in the region, there is concern about 'unrestricted' family-size. While all families may not consciously time or seek modern family planning services and come to them by various pathways, in contemporary times most women in Nariar will at some point within their reproductive cycles go in for the female sterilisation 'operation'<sup>121</sup>. This has meant that fertility has fallen dramatically as we move onto younger cohorts. While about eight children amongst older women (about age 45 and above) was common and ten offspring not unusual, young families today look to ideally have between two and three children, and if there is both a boy and a girl in the mix, two children are commonly considered adequate to prompt the operation. As we see though from Padmini's situation (in section 4.2.1), the desire to have 'at least one son' does engender higher fertility and compromise, as Dyson and Moore argue, women's control over, and decisions about, their own fertility, apart from their health in repeated childbearing. Once the sought family composition, which includes 'at least one son' is achieved though, women are often the primary 'decision makers', displaying agency in convincing others in the family such as the mother-in-law, or the husband who may not be so willing in going in for the 'operation'. We see with respect to female power that while there are some differences by ethnic group, marriage situation, age, and education, gender relations are egalitarian on the whole. Considerations such as producing a male heir for the descent group and of the male role in death rites – important for the transition of the deceased into the afterlife, and the related consideration of women's patrilocal post-marital migration, keep fertility high irrespective of the influence of relative female power (I discuss reasons for son-preference in Annexure-5)<sup>122</sup>. Yet, in Chhattisgarh, it is not only son-preference that influences high fertility. By the same logic that son-preference influences high fertility, striving for a daughter is also positively related with fertility. While a string of only boys unlike a string of only girls does not prevent the 'operation', daughters are valued as bringers of joy and families do work to 'let a daughter come' (as described in section 4.2.2). Apart from the more manifest effects of son-preference, the striving for daughters

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<sup>121</sup> Encounters with the nurse may clarify contraception possibilities, being saddled with the birth of an unplanned child may prompt women to overcome fears of the 'operation', or families voluntarily may 'plan' the female sterilization operation after a certain family composition is achieved. There is a general fear of hospitals, and women are 'scared' of the 'operation', but following the experience of other women who have undergone the tubectomy operation, women often overcome fears. Amongst the reluctant Pardhi too family planning by way of sterilization is now more commonly adopted.

<sup>122</sup> Notwithstanding that we are speaking of relative female power.

also contributes to high fertility in the region. Yet, the 'compulsions' to have a daughter are less acute, and hence the pressures on women and their bodies for further pregnancies are less intense.

Another dimension of interest with regards fertility and its relation to women's autonomy concerns its links to female labour force participation. Women's roles in economic production are often thought to be less compatible with their reproductive roles, and are argued to negatively correlate with fertility given that child-rearing is effort intensive and requires time trade-offs for women (Murthi et al. 1995). As discussed, women in Chhattisgarh have an overwhelmingly important productive role in rice farming and female labour force participation rates are high. Yet fertility rates are and have been high. Observations in Nariar indicate that women's intensive role in rice cultivation was not entirely incompatible with childrearing responsibilities. While mothers of infants, particularly when their babies were under about 9 months old, prioritised childcare and breastfeeding over work outside the home - choosing not to labour in the fields but rather manage joint households - mothers of older children who were still nursing combined work in the field with breastfeeding responsibilities making a trip back home to nurse their infants during the 'lunch hour' in the 7 hour work-day, while other women workers carried on with lunch at the field<sup>123</sup>. Further the nature of agricultural operations was such that the most intensive female roles, the weeding, '*nindai*', and harvesting, '*katai*', operations did rely on family labour, but given the emphasis on 'speedy' completion of tasks within the agricultural cycle, there was also significant dependence on hired labour to shorten the time-duration of the main operation. This perhaps meant that the days of work that mothers of young children may be forced to engage in outside their homes in their own fields were reduced<sup>124</sup>.

Is the choice to a mother of a nursing infant to not labour in the field only afforded more recently, given the more diversified livelihoods, which only now make compulsions to prioritise agricultural work over childcare perhaps smaller? My interactions revealed that there is high maternal attachment to nursing infants. The infants are not separated from their

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<sup>123</sup> Example: HH Yadav-1 Ananditi, mother of an infant child managed the household while other women went to the field (observations of labour in the *nindai*/ weeding phase in August 2012). Work was divided into a clear 7-hour day from 9.00 am to 4.00 pm with an hour's lunch break, and Rs.70 as wages.

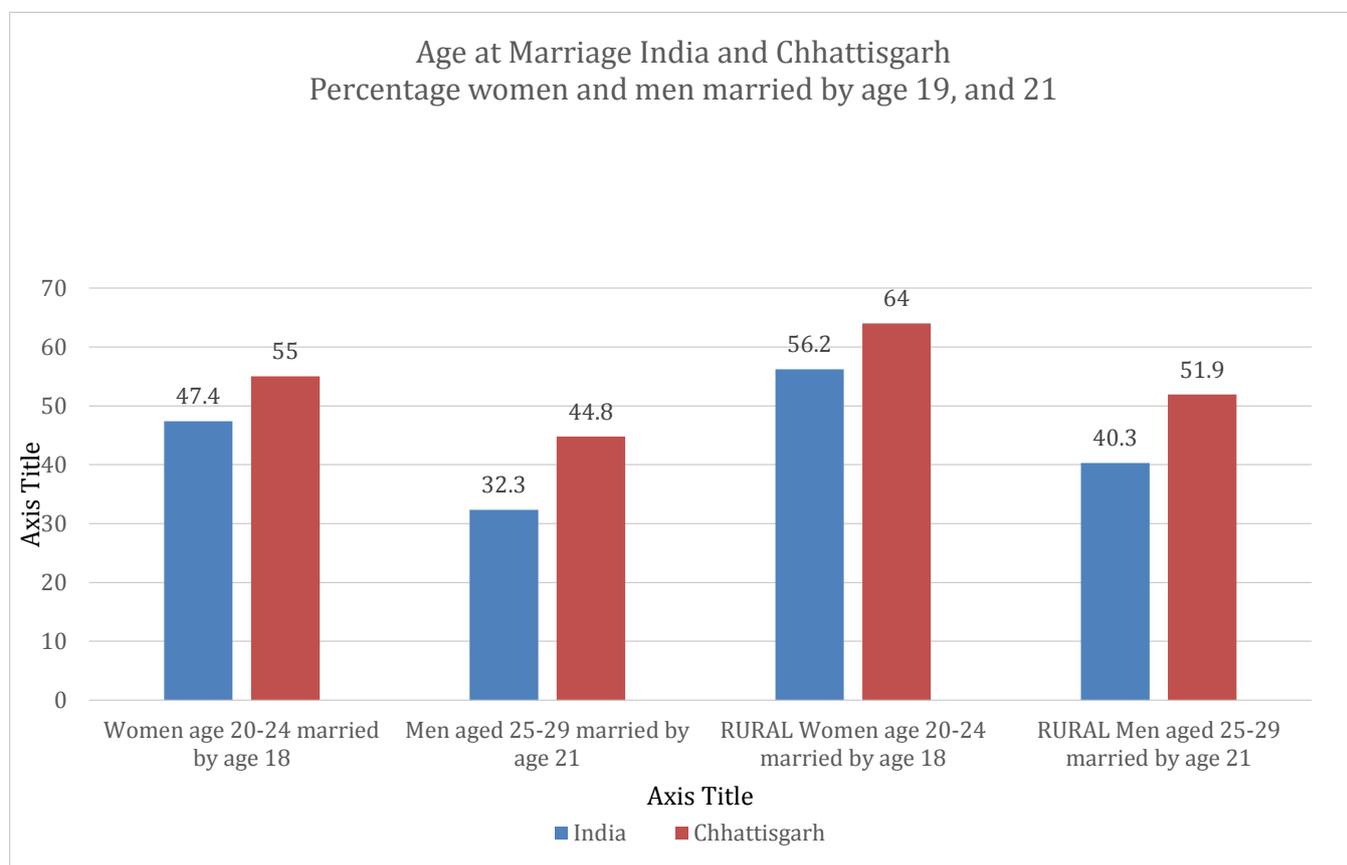
<sup>124</sup> I speculate this is the case because many women (in families of means or otherwise) did not hire themselves out as labour in other people's fields (to admit working as labour in others fields was not enhancing of status), but they did labour in their own fields (also with a view to reduce dependence on hired labour) or in the fields of friends as hired labour. Mothers of young children may not hire themselves out as labour to bring in monies (Eg. In case study HH Satnami-4, Rupa though needy chose not to labour in the fields of friends as she had a year old child). In another study household, a young mother had gone out to her own field in harvesting operations while her nursing child was looked after by her mother-in-law Parida Bai, but her timings could be more flexible to accommodate nursing (CS HH Satnami-5).

mothers for more than 1-2 hours given that they are viewed as being absolutely 'dependent' on the mother for essential nourishment (we discuss this and extended breastfeeding further in chapters 5 and 6). Physical proximity in order to nurse the infant on call was a longstanding value that women in Nariar were unlikely to compromise on. This is also illustrated by their reactions on first learning that my under-one year old child was back in Raipur at a distance of over an hour away, while I had come away to the village. The initial reaction to this information was unfailingly a combination of incredulity and pity. It seemed almost unfathomable to my informants across social positions that a child as young as mine could be okay being away from his mother for such long hours. '*He must be crying all the time*' they said, and they felt sorry for me, a '*bechari*' or 'poor thing' who would only be 'roaming' a village, leaving behind her infant child under inescapable coercions of my (as they saw it) 'job'.

Further, another interesting dimension on the female autonomy and fertility question relates to age at marriage, where the situation of Chhattisgarh is perhaps particularly curious. Age at marriage is expected to have a positive relationship to female labour force participation, given that in areas where women have an important productive role parents may be reluctant to part early with the labour of their daughters (Mason 1987). Further where female autonomy may be high, or where sexuality of women has been less controlled, we expect that age at first marriage would be high (Desai 2010). In Chhattisgarh we see that marriage partnerships have been fixed in the past at a remarkably young age for non-*adivasi* communities – in toddlerhood or usually before age 8 with many of my informants not being able to recall their own marriage ceremonies given how young they were. While for current generations age at marriage following the all-India pattern has increased significantly, official figures still place age at first marriage in the state below the pan-Indian average, and more women are married by age 18 in Chhattisgarh comparative to Indian averages (see Figure 4.15). Given that the region has had a history of early marriages, and that the '*gauna*' or consummation ceremony was performed soon after puberty, and marked a woman's move to her conjugal home, her childbearing phase began young. Early marriage in the region has perhaps had an influence on fertility irrespective of female power or women's labour force participation. Further, older women were often proud to say that their childbearing stopped 'all by itself', and that they did not go in for an operation. This appeared to be related to both the availability and quality of family planning services (which have expanded and become easier to access over the past 15 years), as well as to the general fear and mystification of modern medicine, which led women to not accept modern contraception. While there remains a fear of the 'operation' and women, sometimes because of this fear, along with other factors, may put-off seeking family planning services, given the greater examples of

acceptance, most women in Nariar though afraid did come around to accepting family planning – almost exclusively the sterilisation operation - at some point over their reproductive lives.

**Figure 4-15: Percentage women and men married by age 19 and 21, India and Chhattisgarh**



Source NFHS-3 2005-06

In India, literature has pointed to son-preference influencing the duration of breastfeeding, and argues that among families looking to have a male child, higher order girl children may be weaned of nourishing breast milk sooner, given that exclusive breastfeeding is known to act as a natural contraceptive (Jayachandran and Kuziemko 2009). While breastfeeding was recognised as working as a contraceptive in Nariar, it could be said that in Nariar it was not obvious from observation that breastfeeding duration of higher order girl children was consciously shortened or curtailed amongst families that looked to have a son, and conceive again.

### **4.3.2: Women's social position and its links to child mortality and nutrition**

The arguments linking gender-inequality to maternal and child nutrition are similar to those linking gender-inequality to demographic outcomes such as fertility and sex-differentials in mortality. They concern women's decision-making autonomy as influencing their ability to innovate in the matter of child-rearing. Dyson and Moore present what they call a 'tentative' hypothesis, namely that differences in kinship systems and female autonomy may influence patterns of childcare and child mortality. They argue that patterns of childcare in northern kinship systems may influence women's ability to innovate in this regard (1983: 50). Smith et al. (2003) contend that women's status also defined in terms of women's relative societal and intra-household decision making ability, influences both a woman's own and her children's health and nutrition. Both arguments speak of the particular importance of wider communication networks, including outside the conjugal household, for female autonomy in decision-making.

Women in Nariar are the primary caregivers of children. Further, as noted, on many counts gender relations are relatively egalitarian, and women have strong links with natal kin and hence access wider communication networks both beyond the village, and beyond their conjugal families, irrespective of exogamy as a principle. Yet, we also see that young women amongst the SC Satnami, and OBC Sahu and Yadav communities are secluded from men and their independent mobility is restricted within and outside the village, as are their freedoms to take up cash employment. While we have discussed the influence on fertility, it is hard to assert beyond this what the distinct effects of gender inequality - additional to economic and cultural factors - are with regards health and nutrition. It could be said that effects of female decision-making autonomy on caring behaviour, of importance to health and nutrition, were not obvious or dramatic.

For instance, women's wider communication networks with natal kin in Nariar largely reinforced existing childrearing practices, which as we discuss further (in Chapters 5 to 7) are often at variance from biomedical recommendations, and slow to change irrespective of women's education. One may argue that women's restricted independent mobility outside the village influences access to medical care, given that someone would have to 'accompany' women, and their children. This is plausible, yet observations on everyday choices for healthcare, across sexes and class boundaries showed that in practical terms, routine health needs were met through the services of a non-qualified medical practitioner who visits Nariar. Availing of home-based medical service is the norm for all – men or

women, rich or poor alike. Seeking routine care outside the village has too many associated costs<sup>125</sup>, and the primary barrier is not a lack of someone to 'accompany'.

Women were vociferous in their claims that if they or their children needed care outside the village, somebody would accompany them to seek it<sup>126</sup>. Furthermore, women, or for that matter, men are unlikely to travel alone for seeking healthcare whether they are young or old, Pardhi, SC Satnami, OBC Yadav or Sahu, given the overall fears of and unfamiliarity with outside-the-village medical providers. Since multiple persons travel together for care, the time and cost implications of such care are compounded. Data from Nariar gives no reasons to assume that a woman or child's interests would be ignored though if such care outside the village was needed, and in case of an emergency, larger networks in the village would be drawn upon in a ready and timely manner. My observations of health care seeking reveal that both men and women face a range of challenges in seeking appropriate biomedical healthcare, though if societally women were more mobile, it is theoretically plausible that they could in some rare instances take more timely decisions in seeking external care that could lower mortality and undernutrition figures.

As we discuss further in Chapters 5-7, health seeking and childcare practices are also culturally constructed. Pardhi women's relatively greater independence for instance does not seem to disproportionately influence childcare practices. From observations around the monthly immunization services in Nariar we see an interesting contrast: Women from Sahu, Yadav, and Satnami homes where they face some seclusion norms and restrictions to their free mobility in the village, value immunization and on the given 'immunisation day' traverse the village bringing their children alone or with another woman to the aanganwadi centre, the venue for immunization services where the Nurse makes a monthly visit. The Pardhi women, who face far fewer restrictions on their mobility, need the most convincing to bring over their children for immunization, and the nurse often complains of her unfulfilled records on their behalf<sup>127</sup>.

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<sup>125</sup> Both treatment costs, which are expensive, as well as the cost of commuting (typically by bus) for more than one individual irrespective of whether it was a man, woman or child seeking the care.

<sup>126</sup> For Example: Case Study HH Satnami-7 Rekha said that '*If I needed medical care in pregnancy, I would certainly be taken to get it*'. Case Study HH Satnami-6: The young bahu said '*Someone or the other would come along to take the child to see the doctor*'. In this case the brother in law had taken the child along to the doctor, since the father was away.

<sup>127</sup> Source: Observations over several monthly immunization Tuesdays in the village. Further discussions in the Pardhi habitation, e.g. on one occasion Sumana escaped from sight along with her infant Tulika, since she did not wish to be spotted by the health workers who were encouraging mothers to go for the immunization.

With respect to gender characteristics, gender inequality and its relationship to maternal and child health and nutrition, it would be perhaps useful to broaden the discussion beyond the frame of ‘decision making autonomy’, to include other structural aspects shaping gender relations such as gender division of labour. To take an example: Pardhi women, as we discuss, have had fewer controls placed on their sexuality or independent mobility comparative to others, and further have had access to cash earnings from broom sales, as well as inheritance systems that have not denied them access to available property. Yet some ideas on gender division of work remain inflexible. For instance, women continue to carry heavy loads, such as water pots upon their heads late into pregnancy, and soon in the post-partum<sup>128</sup>. The reasons for this are not so much a matter of compulsion or of unavailable persons to substitute for the job, but a matter of gender division of labour, and the bringing in of water being an unquestioned woman’s job. There are also other dimensions of how elastic or not the rules governing allocation of tasks or labour by sex is.

One afternoon late in the monsoon of 2012 (August), I went to call on Sumana, a young mother from a family I knew particularly closely who was then about 8 months pregnant with her second child. Sumana was amongst the smallest, if not the smallest woman in the village, about 4’ 6” and weighing all of 35 kgs in non-pregnant times. Given that she was at an advanced stage of pregnancy and that her first-born Tulika was well under two years old, still needing much attention, I expected to see her as I usually did, at home<sup>129</sup>. I found on reaching her house though, that it was Tejas her husband who was keeping Tulika on the day, while also hanging about with other men from the community tinkering with some snares for small animals or birds, while Sumana had gone off for *Nindai* wage labour. This *Nindai* or weeding was arduous and demanding of endurance as we discuss before – a 9 am to 4 pm workday, the only break being an hour for lunch.

The rainy season was not conducive to broom making – it was too wet to dry broom grass and for the Pardhi community, a time when their main occupation brought no earnings. In the agricultural cycle on the other hand, it was one of the two times annually when the most hands on the field were demanded, an opportunity for wage labour. It was mostly women across communities who were hired out for *Nindai*. This, and the fact that the Pardhis live day-on-day (I discuss in another chapter the ‘here and now’ ethic of the Pardhis, and how it

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<sup>128</sup> Case Study HH Pardhi-1: Observations in Teeja’s pregnancy. She was bringing in water late in pregnancy and soon in the post-partum, even when others could substitute.

<sup>129</sup> Her first born Tulika was only just about a year old when she had conceived again, unplanned, at a time when she was still nursing Tulika and yet to regain physical and psychological strength from the first pregnancy. This had been a cause of much distress.

shapes their approach to finances)<sup>130</sup> meant that 8 months pregnant or not Sumana was bent over in standing water for the day engaged in this strenuous work, while her husband, not physiologically stretched at the time had it relatively light. When I met her later that evening she said she had been engaged in this work over some of the past 20 days since the Nindai labour began. Needless to say, this had implications for nutrition and health in pregnancy.

I often asked why it was that women predominantly did the Nindai work. Men did not express a sheer incapability to do this bending and tedious weeding (unlike women who perceived themselves to be 'incapable' of doing agricultural work involving machines – *it's work on a machine, how can a woman do it?*<sup>131</sup> – spraying pesticide, milling rice or running a tractor, and muscle-heavy work such as lifting loads, steering cattle in the field wherein they faced an inherent disadvantage). Nindai was also not 'proscribed' to men, and while it was not the usual practice to hire men, employers did not reject outright the thought of men doing this job. I asked Tejas on the day about this situation of Sumana's having to work at this difficult stage and why it was that he was not able to fill in. While it is problematic to separate his inclinations from that of the larger cultural environment that shaped Sumana's rather than his going out to *Nindai*, his response on the day to my probing around this question was that "*we prefer to leave this 'kanjat' or tedious and irritating work to women*". In another explanation, a young Satnami man thinking aloud on my question on the predominance of women in *Nindai*, said that it was best to understand women's doing the bending agricultural work by equating this to the other obvious, appropriate and unquestioned norms of women's work - the cooking, cleaning washing and other household tasks. This is perhaps the persistence of structural inequities, even in an environment where gender relations by commonly accepted indicators are more egalitarian.

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<sup>130</sup> The short time horizons in planning and organizing their everyday finances - including the last-minuteness of their meal purchasing and planning influence how far their resources go.

<sup>131</sup> General opinion from discussion with women on gender division of labour at NREGA field site 2012.

#### **4.4: CHANGES IN THE INSTITUTIONS OF GENDER: IS DEVELOPMENT LINKED TO DETERIORATION IN FEMALE SOCIAL POSITIONING?**

Barbara Harriss-White wrote in 2001 of the paradox of the deteriorating female life chances in Tamil Nadu with development advances in the state (Harriss-White 2001). Since this chapter is concerned about gender-relations in themselves, as well as their interconnections with reproductive health, child health and nutrition, I reflect here briefly in a similar vein, on some tentative worrying signs that point towards gender relations becoming less egalitarian in the region. Over the past decades the overall sex ratio in Chhattisgarh has followed a declining trend. This trend has halted over the past two decades, in line with the all India pattern of more egalitarian overall sex ratios given advances in the general health environment and greater longevity. The child sex ratio has shown a consistent declining trend falling 11 points over the decade from 975 in 2001, though it still remains the most feminised amongst large states in the country. This could reflect better survival of the biologically more vulnerable male infant in an improved health environment as suggested by Agnihotri et al. (2002). The greater biological vulnerability and mortality of the male child confounds to an extent any gender-based disadvantages influencing population indicators such as sex ratios, since any inequalities in resource distribution are off-set by the greater vulnerability of the male infant. There are all signs though that with sharp fertility transitions and persistent son-preference, the feminine sex ratio at birth in Chhattisgarh will take a sharp turn that is adverse to females. It is possible that prenatal sex determination would contribute to deterioration in sex ratios at birth.

Currently, in Nariar there is little evidence that sex selection, based on prenatal-sex determination is practiced. None of my informants – whether they were receiving antenatal care at a private hospital or from the ANM - knew or appeared to know of the sex of their child prior to birth, which indicates that prenatal sex determination was uncommon in this region, even though Nariar was only an hour from Raipur. I occasionally heard that it was possible to learn about the sex of the child from private doctors, and some women showed interest about knowing, but none of my informants actually learnt of the sex of their child prior to birth. There are signs though that with the sharp fertility transition and increased urbanisation in the wider region, prenatal sex-selection may become more prevalent with deeper penetration of the technology.

Furthermore, men increasingly taking on the role of 'providers' appears to have implications for the social positioning of women, placing constraints on their mobility and sexuality. There is every sign that in families where men were in predominant productive roles, women of the household were expected to manage the home and withdraw from hiring themselves out as agricultural or other 'labour' (though if opportunities for a service job were present, women would not be restricted from taking it up). Women sometimes welcomed not having to labour and their not labouring was a matter of high status, but other times women also rued the missed opportunities for cash incomes and left to themselves would have sought them out<sup>132</sup>. This shift in positioning of women as less important producers is perhaps also reflected in the dramatic changes in marriage exchange and 'dowry' that has taken place in the recent past. It is important to recognise, as also pointed out by Jeffery (2014), that marriage payments reflect factors beyond the sheer economic value of the sexes, or their demographic numbers in the marriage market, but are also markers of consumption, and status-competition. Yet dowry-like marriage payments also intensify stakes in marriage and potentially make it harder for women to walk out of an unsatisfactory relationship. There are the wider sanskritisation forces in operation. These are observed in communities adopting ways of the higher castes – as the Sarpanch put it, the *nakal karna* or 'copying' of the 'big people' by the 'small people' with regards marriage exchange - and by way of a host of state sponsored narratives of the Bharatiya Janta Party, with Hindu nationalist leanings. Important among these is the symbolism of the *Mukhyamantri Kanyadaan Yojna* or the Chief Ministers *Kanyadaan* scheme, which has the professed aim of aiding the poor with the 'burden' of marriage of their daughters. I illustrate below.

One afternoon in March 2012 at the aanganwadi centre, I listened in on a conversation between Anita, a health worker from the Satnami community, and Shailaja, the aanganwadi worker, from an OBC community who are friends (we get to know both Anita and Shailaja in greater detail in Chapter 8). The topic under discussion was the *kanyadaan yojna*, which is a public mass marriage function organised by the government for select couples who almost win a lottery in being selected to be married at the cost of the state with much fanfare. Anita and Shailaja were both gushing in their praise. The *yojna* had clearly caught their fancy unlike most other government schemes, which rarely capture public imagination quite like this. There was a *pandit* or priest for 'each' couple, presents to the couple – clothes, a metal cupboard, a suitcase, a band, and the lights and sound of a big 'function' - all very impressive.

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<sup>132</sup> Source Case Study HH Satnami-4 Harini did not enlist herself for NREGA work since her husband did not want her to. Women of the economically better off Sahu and Satnami households are happy to claim that they do not do or 'know' agricultural labour.

For many communities in Chhattisgarh, the *pandit* has in the past been ceremonially unimportant and family elders have sufficed in formalising a marriage. But now the priest is a symbol of a 'big' wedding, and routine in status-competition for a wider range of peoples. This *yojna*, apart from the symbolism employed in other public schemes as well, plays its part in promoting the superiority of brahmanical rituals. Signs in the village advertising the scheme say '*beti ke vivah pe milega 15 hazaar*' or 'on a daughter's marriage Rs.15,000 will be given', singling out the daughter and positioning her marriage as a burden. On that afternoon at the aanganwadi centre though, it was another statement by Anita that particularly struck me. She said:

*"It is only now with TV and 'all this' [referring to the yojna propaganda] that we know the meaning of 'phera' [the ceremonial rounds around a sacred fire that sanctify a Hindu marriage by the scriptures], that the 'phera' and a marriage partnership is a partnership over seven lives'. Earlier we 'just' took the 'phera' and then easily broke off our marriage. "*

[Anita, Satnami – one of the 2 Mitanins or community health workers of the village]

This statement tells us much about the apparently innocuous but subtle ways in which ideas of marriage and women's place in society are being transformed in rural Chhattisgarh, and an idea alien to many of a woman as a 'gift' or a virgin to be donated in marriage through '*kanyadaan*' is becoming common. In Nariar of today, women having a lifetime of work and prominent social standing behind them as our opening extracts say... *at slightly advanced age, dominate the men-folk and when going out generally walk ahead with the men following them...*<sup>133</sup> It appears unlikely however that young women of Nariar today, when they are older will do the same.

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<sup>133</sup> Village monograph of 1961 (Dubey 1967).

Photo 4-6: Advertising - 'On a daughter's marriage Rs.15, 000 will be given'



Photo 4-7: Sanitation Campaign 'Save the honour of daughters and bahu, build a toilet in the home'



## 4.5: CONCLUSIONS

We see that Chhattisgarh displays unique and somewhat counterintuitive gender characteristics from the viewpoint of the sociology of female power, and its cultural and economic determinants.

Though kinship systems for non-*adivasi* groups in Nariar follow important elements of 'northern' kinship, such as exogamous rules on marriage and post-marital female residence, argued as unfavourable to female power, gender relations for non-*adivasi* groups are relatively egalitarian when judged by indicators such as sex-ratios, and other pointers like attitudes towards female sexuality and remarriage, and traditions in marriage exchange. These observations raise questions on 'cultural' arguments that locate women's social position as embedded in kinship ties, which are, furthermore, contended to bear on demographic and health outcomes. Arguably kinship ties in Nariar do not display hypergamous structural features and show elements of reciprocity, indicating that they are perhaps in transition and hence display hybrid elements. The chapter suggests additionally that it maybe the traditional and significant dependence on women's labour in the agrarian rice-based economy that makes her social position less susceptible to subordination, and also perhaps underlies cultural characteristics that mitigate the expected unfavourable-to-women effects of exogamous marriage rules. Experience from Nariar goes some way in support of the theory that rice farming systems, more reliant on women's productive labour and hence enhancing of her economic worth, facilitate egalitarian gender relations.

Chhattisgarh's above average, closer to northern-India high fertility, irrespective of relatively egalitarian gender relations is related to desirability of children, but also I argue, linked to pro-natal pressures in producing at least one male offspring for the male descent group. I suggest that this strong son-preference despite Chhattisgarh having the most feminine child sex ratios amongst large states contributes to keeping fertility high. I also argue that in Chhattisgarh where daughters are desirable, daughter seeking also perhaps disproportionately contributes to high fertility. While son-preference places physiological stresses and compromises a woman's independence in fertility 'decision-making', the links between gender-inequality, and other reproductive and child development outcomes was not obvious. Notwithstanding relatively egalitarian gender relations, there are ways in which women are subordinated. Young women amongst all non-*adivasi* groups are secluded and their mobility, and the type of employment they may seek, is bounded. While the links between gender-inequality and child development outcomes are complex, it could be said

that this seclusion did not mean that women's decision-making on matters important for reproduction and child rearing were obviously compromised. From observations, there was little evidence that women's restricted independent mobility changed health-seeking behaviour. Decisions of importance to reproduction and childrearing are likely to have much to do with considerations of economics and symbolic conceptions of health in pregnancy and childhood, the latter usually reinforced by the wider outside-the-village communication networks (we discuss further in Chapters 5 and 6).

Relative to women of other communities in Nariar, Pardhi women experienced greater freedoms of mobility and employment, and control over monies they earned. Despite these experienced freedoms other cultural factors appear to have a greater bearing in influencing proximate indicators of reproductive health and nutrition. Further, rigid conventions on sexual division of labour and the Pardhis' financial and economic lives operating 'day on day' meant that women even when physiologically strained in pregnancy or in the early post-partum may be compelled to fulfil the female economic or home-based tasks, even when there seemed to be scope for others to substitute.

It is difficult to draw certain causal conclusions or delineate the additional influences of gender (additional and separate from cultural or economic effects) on women's and children's reproductive health and nutrition across the life cycle. It could be said though that effects of gender inequality influencing decision-making and reproductive and child development outcomes could not be read off from conventional indicators of female autonomy, or expressions of decision making power and access. Existing hypotheses proposing that women's 'status' or 'autonomy' influences child nutrition outcomes, have been supported by limited literature. Arguments have largely depended on analysis of DHS data, which is known to be problematic in its capture and representation of complex gender-relations (Mason 1986; Schatz and Williams 2012).

The material discussed in this chapter suggests that in the context of Nariar there were other perhaps structural aspects of gender based inequities - such as in the case of Pardhi women, rigid conventions on sexual division of labour, rather than neat 'decision-making' inequities that clearly influence proximate indicators of optimal reproductive health and child nutrition. This is apart from son-preference, which in the case of non-Pardhi communities categorically contributes to reproductive and physiological stresses, particularly through high fertility.

## Chapter 5 'IT'S THE CULTURE, STUPID'?

### 5.1: BACKGROUND AND INTRODUCTION

In Chapter 1 I discuss that while the complex biomedical and socio-economic roots of child undernutrition are recognised, in policy negotiations positions are often polarised on the primary drivers of India's high and stubborn rates of undernutrition, and consequently on where programmatic emphasis should lie. A viewpoint shared by many is that 'knowledge', often viewed as a biomedical 'truth', is particularly important, as is a programmatic emphasis on imparting information or 'health education'<sup>134</sup>. An important alternative position, as we also discuss in Chapter 1, places the primary blame for poor outcomes not on community 'ignorance', but sees instead overall deprivation and household food insecurity as key barriers and argues for expansive food and welfare programmes.

However, while the above described polarised positions on principal determinants and on where the weight of social policy should lie are real, my intention is not to reduce the nutrition question to a stark either/or debate on the importance of food provisioning or health education. Given the complex and decidedly interrelated social and economic roots of undernutrition, and the continuing foundational relevance of UNICEF's multi-layered conceptual framework of 1990, that would be a mistake as would be discounting the recognition by many social scientists and health practitioners of this complexity. We know for instance that maternal nutrition over generations and through the mother's own life is critical to the prenatal conditions she is able to provide and consequently to birth outcomes and growth trajectories; there is the question of the potential influence of gender inequality (as we have discussed in Chapter 4); and furthermore the wide variations in the cultural and socio-economic landscape of India with implications for access to food, healthcare and sanitation make any general pronouncements meaningless. My intention is only to set out the policy debate and the differing understandings of where the primary problem lies as we go on to analyse from a local perspective, the interrelatedness of determinants. Following Pelto and Pelto (1997: 147-48), I view the conceptualisation of health 'knowledge' as a scientific fact or biomedical truth as problematic, and prefer the anthropological concept of 'cultural belief' in our discussion of health and nutrition ideas.

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<sup>134</sup> The opening quote from Robert Black in Chapter 1 illustrates this view.

If we assume biomedical recommendations as given standards of 'best practice', many practices surrounding reproduction and childrearing in Nariar were at variance from such recommendations, and these were shaped by both economic and cultural factors. We have discussed in Chapter 4 the influences of gender on women's and children's health and nutrition across the life-cycle. Over the next three chapters, Chapters 5, 6 and 7 I go on to discuss the interrelated economic and cultural variables as they influence health behaviour and proximate indicators of reproductive health and nutrition outcomes. The chapters together seek to answer the following two questions.

*How do economic constraints mediate reproduction and child development?*

*How does culture influence reproduction and child development?*

In chapters 5 and 6, I discuss the stages of pregnancy, the post-partum and early childhood from the perspective of the role of cultural beliefs and economic barriers in influencing health and nutrition attainments. Chapter 7 takes a somewhat contrasting approach from the previous two. Focused on one community, the Pardhis, it discusses the curious case of their lack of participation in the public works and employment programme under the National Rural Employment Guarantee Act (NREGA), and is illustrative of the interrelated cultural and economic barriers as they influence what is perhaps a nutrition and poverty trap for the community. Going forward in this chapter, I outline in the next section that while there is wide acceptance of biomedicine, on the subject of nutrition, biomedical science is not entirely accepted, and nutrition continues to be influenced by traditional cultural beliefs. In Section 5.3 I outline nutritional and health indicators in Chhattisgarh and Nariar and discuss their adverse positioning to Indian averages and in Section 5.4 I outline everyday diets in Nariar. These sections (Sections 5.2 to 5.4) while charting important data in themselves, also serve as a background for the discussion spanning the rest of chapter 5, as well as Chapter 6. I move on in Section 5.5 to discuss cultural and economic conditions as they influence pregnancy and gestational nutrition. In Section 5.6 I draw conclusions.

## **5.2: NUTRITION AS A 'HOME' SCIENCE**

In Nariar like in much of India, while we witness pluralism in medical practice - the serial, syncretic or simultaneous utilization of both indigenous and modern systems of medicine - we see that in many ways biomedicine trumps the former. It is the favourite for the treatment

of the majority of health conditions, including most childhood illness, in the management of pregnancy and obstetric complications, and in family planning.

Locally referred to as 'the doctor', Dinaram Sahu a not formally qualified practitioner of modern medicine from the neighbouring village of Nimgaon, administers a range of drugs and injectable antibiotics on his daily afternoon rounds of Nariar, being the first access point for all – across castes, class and community - who see in Dinaram's *sui* or 'needle' a quick fix for everyday ill health including perhaps too eagerly for common neonatal and early childhood conditions<sup>135</sup>. If Dinaram is unable or fails to help, services of other more formally qualified doctors outside the village are sought and only in the occasional instance those of indigenous health providers, the *baigas*, also from outside Nariar<sup>136</sup>. Biomedicine has had a growing role to play in the sphere of reproductive health. Virtually every pregnancy receives some formal public or private antenatal check-up, and while most deliveries – all going well - are home-based, Dinaram is also a usual actor on the home-delivery scene, on call at any time of day or night to administer the *sui* of oxytocin drug to the pregnant women in increasing her *dukh* or 'pain', speeding up what may be seen as a slow or stalling labour to facilitate home birthing<sup>137</sup>. Further, modern medicine is predominant in the chief method of family planning, the female sterilisation or tubectomy procedure.

Yet while the superiority of modern medical systems is unquestioned on many fronts, when it comes to ideas on nutrition and diet, biomedical advice is viewed with a high degree of scepticism. It is treated with deep-rooted suspicion and oftentimes summarily rejected by many. Nutrition continues to be shaped by a complex system of cultural beliefs on food and health. Pelto and Pelto discuss the idea of 'systemness' common in anthropological theory until the 1970's - that cultural beliefs and behaviours were holistically related, making changes in health behaviours or acceptance of modern medicine dependent on fundamental shifts in belief systems. The idea they discuss was later challenged and modified with the

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<sup>135</sup> From observation, Dinaram was quick to use injectable antibiotics such as the *gentamycin drug* for newborns and the youngest of infants. It is not easy for non-medics to comment on appropriateness of treatment, but by formal medical standards Rural Medical Practitioner (RMP) treatment and antibiotic use is commonly viewed as inappropriate. The RMP does remain however the first point of allopathic care for many in rural India.

<sup>136</sup> Indigenous service providers may remain the first point of call for certain health situations – following a dog bite in one narrative, where biomedicine is seen to play little role, or when biomedicine is viewed to have failed to provide answers – and it is assumed that there must then be 'other', non-medical reasons. In one example from CS HH Pardhi-2 a *baiga* was approached following failures in treatments suggested by Dinaram and others to Sumana's chronic headache.

<sup>137</sup> Though a majority of births still take place within the home, there is increasing acceptance of hospital delivery. Government financial incentives influence this - The national Janani Suraksha Yojna a flagship maternity benefit scheme under the NRHM provides the mother Rs. 1,400 conditional to delivery at an institution (not insignificant sum here). Irrespective of this scheme though, economically better off families frequently seek private hospitals for antenatal care and delivery, bearing significant financial costs.

worldwide observation of 'pluralistic healthcare practices', people's eagerness to use modern pharmaceuticals, regardless of cultural beliefs and the simultaneous use of biomedicine as well as other forms of medicine (Pelto and Pelto 1997: 150-151). We see in Nariar that the narrative regarding acceptance of modern-pharmaceuticals and pluralistic medical care seeking rings true. Yet as I go on to discuss, biomedical ideas on nutrition are slower to be accepted and represent perhaps core elements of the cultural belief system that are more resistant to change. Going ahead in the next section I provide an overview of the reproductive health and nutrition indicators for Nariar and Chhattisgarh, and this serves as a background for both chapters 5 as well as 6. Following this I move into a discussion of the stage of pregnancy, and in the subsequent chapter on the post-partum stage, where as we discuss that judged against bio-medical criteria cultural beliefs appear to matter significantly for reproduction and child nutrition.

### **5.3: DESCRIPTIVE STATISTICS: REPRODUCTIVE HEALTH AND NUTRITIONAL STATUS IN CHHATTISGARH AND NARIAR**

Like much of northern and central India, compared to national averages Chhattisgarh does poorly on health and development indicators. Reliable and recent secondary data on reproductive health and child development are hard to come by in India, and the latest DHS data from the third National Family and Health Survey conducted in 2005-6, a long 8 years ago – presents nothing below state aggregates<sup>138</sup>. Estimates from the survey summarised in Table 5.1, and presented visually in the figures 5.1 to 5.8 below show though that Chhattisgarh performs unfavourably on many indicators of health and development compared with national averages.

Importantly, on harder outcome indicators of actual nutritional status, Chhattisgarh does worse than national averages on both child and adult nutrition (Figures 5.6 to 5.8). More than half of all children under three in Chhattisgarh are stunted, 52.6 percent compared to the all India 44.9 percent. On a measure of 'thinness' 24.1 percent in the state compared to 22.9 percent across India are wasted, and a greater percentage are underweight for age at 47.8 percent compared to the national 40.4 percent. A comparatively greater percentage of adults

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<sup>138</sup> The next survey NFHS 4 is to be conducted 2014-15 (nine years after NFHS 3 2005-06). This is highly infrequent given that despite its limitations, it is the widely accepted and independent measure of progress. NFHS 4 will for the first time have samples that make district level estimates possible.

in Chhattisgarh fall below the Body Mass Index (BMI) cut-offs considered normal and a greater percentage of both adults and children in Chhattisgarh are anaemic. As we discussed in Chapter 4, fertility rates in the state are also high and while there has been as elsewhere in India a secular reduction in fertility over years, Sample Registration System (SRS) the main source providing more routine vital statistics indicates that in 2012 Chhattisgarh continues to have an above replacement fertility rate at 2.7 children per woman (Figure 4.14), higher than the all India fertility rate of 2.4 and is clubbed amongst the high fertility northern states (Figure 5.9). Furthermore, SRS child survival data from 2012 places Infant Mortality Rate in Chhattisgarh at 47 compared to an all India IMR of 42<sup>139</sup>.

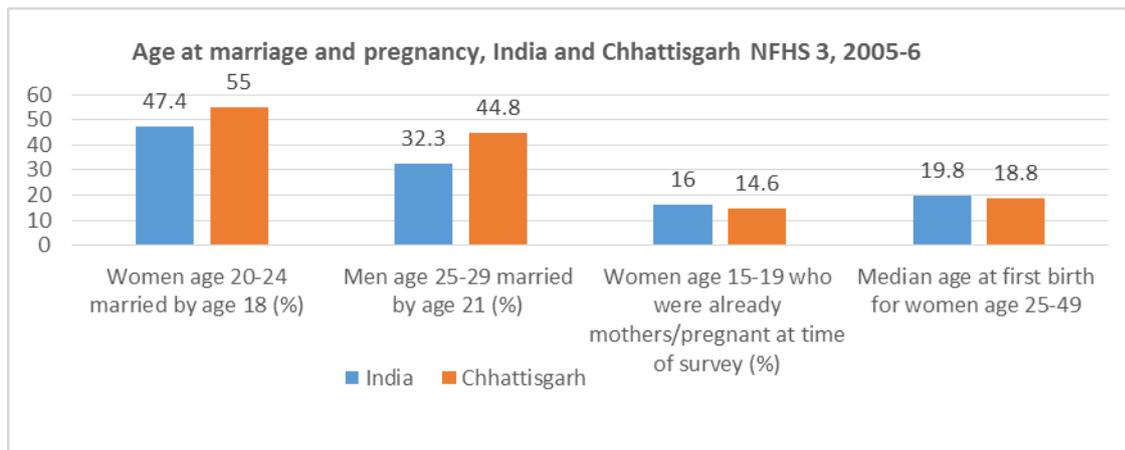
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<sup>139</sup> Source: SRS Bulletin, Sept 2013.

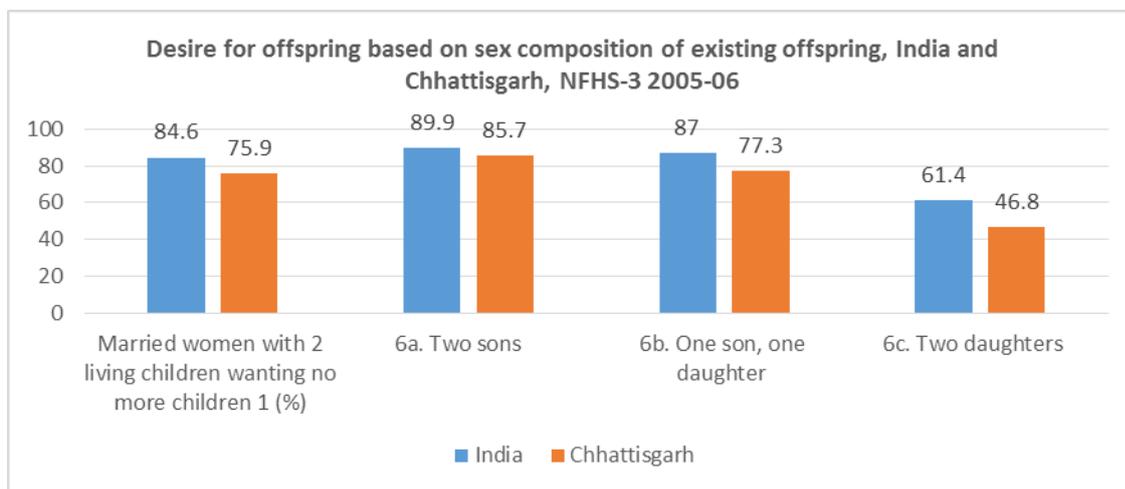
Table 5-1: Family Health and Development Indicators – Chhattisgarh and India NFHS 3, 2005-06

KEY FAMILY HEALTH AND DEVELOPMENT INDICATORS CHHATTISGARH AND INDIA						
		India		Chhattisgarh		NFHS-2 (1998-99)
		NFHS-3 2005-06	NFHS-3 2005-06	Urban	Rural	
<b>Age at marriage, pregnancy and fertility rates</b>						
1	Women age 20-24 married by age 18 (%)	47.4	55	27.1	64	61.3
2	Men age 25-29 married by age 21 (%)	32.3	44.8	17.5	51.9	na
3	Total fertility rate (children per woman)	2.7	2.6	1.8	2.9	2.8
4	Women age 15-19 who were already mothers/pregnant at time of survey (%)	16	14.6	7.6	16.5	na
5	Median age at first birth for women age 25-49	19.8	18.8	20	18.5	17.8
<b>Desire for offspring based on sex composition of existing offspring</b>						
6	Married women with 2 living children wanting no more children 1 (%)	84.6	75.9	87.3	71.8	53.7
	6a. Two sons	89.9	85.7	94.4	83.3	72.8
	6b. One son, one daughter	87	77.3	88.4	73.1	53.5
	6c. Two daughters	61.4	46.8	73	[33.3]	22.1
<b>Contraception Use</b>						
7	Any method (%)	56.3	53.2	65.4	49.9	45
8	Any modern method (%)	48.5	49.1	58.9	46.4	42.3
	8a. Female sterilization (%)	37.3	40.7	43.9	39.8	35.1
	8b. Male sterilization (%)	1	3.3	1.5	3.8	3.3
	8c. IUD (%)	1.7	0.8	2.7	0.3	1
	8d. Pill (%)	3.1	1.4	2.9	1	0.8
	8e. Condom (%)	5.2	2.9	7.8	1.6	2.1
<b>Antenatal Care</b>						
9	Mothers who had at least 3 ANC visits- last birth (%)	50.7	54.7	82.3	49.2	33.2
10	Mothers who consumed IFA for 90 days or more when they were pregnant with their last child (%)	22.3	21.8	32.1	19.7	na
<b>Birthing and postpartum care</b>						
11	Births assisted by a doctor/nurse/LHV/ANM/ other health personnel (%)	48.8	44.3	74	38.5	32.3
12	Institutional births (%) 2	40.8	15.7	58	7.5	13.8
13	Mothers who received postnatal care from a doctor/nurse/LHV/ANM/ other health personnel within 2 days of delivery for their last birth (%)	36.8	25.3	63.6	17.6	na
<b>Child immunisation and infant feeding</b>						
14	Children 12-23 months fully immunized (BCG, measles, and 3 doses each of polio/DPT) (%)	43.5	48.7	74.7	43.1	21.8
15	Children under 3 year's breastfed within one hour of birth (%)	23.4	24.5	27.8	23.8	13.9
16	Children age 0-5 months exclusively breastfed (%)	46.3	82	[69.2]	84.3	na
17	Children age 6-9 months receiving solid or semi-solid food and breast milk (%)	55.8	54.5	*	52.1	na
<b>Outcome indicators of child nutritional status – stunting, wasting and underweight</b>						
18	Children under 3 yrs. who are stunted (%)	44.9	52.6	39.6	55.1	60.8
19	Children under 3 yrs. who are wasted (%)	22.9	24.1	24.3	24.1	24.8
20	Children under 3 yrs. who are underweight (%)	40.4	47.8	36.1	50.1	53.2
<b>Adult nutritional status</b>						
21	Women whose BMI is below normal (%)	33	41	23.5	45.7	48.1
22	Men whose BMI is below normal (%)	28.1	31.8	17.9	35.6	na
23	Women who are overweight or obese (%)	14.8	6.7	22.6	2.5	4.1
24	Men who are overweight or obese (%)	12.1	6.5	20.1	2.8	na
<b>Anaemia</b>						
25	Children age 6-35 months who are anaemic (%)	78.9	80.9	75.6	82.1	87.7
26	Ever-married women 15-49 who are anaemic (%)	56.2	57.6	50.3	59.4	68.7
27	Pregnant women age 15-49 who are anaemic (%)	57.9	63.1	65.2	62.7	68.3
28	Ever-married men age 15-49 who are anaemic (%)	24.3	26.4	17.9	28.7	na
<b>Participation in decision making and domestic violence</b>						
29	Currently married women who usually participate in household decisions (%)	36.7	26.8	35.3	24.5	na
30	Ever-married women experienced spousal violence (%)	37.2	29.9	27.7	30.4	na
<p>[ ] Based on 25-49 unweighted cases                      * Based on fewer than 25 unweighted cases.                      1 Excludes pregnant women. Married women with two living children were asked were are if they wanted no more children                      2 Based on the last 2 births in the 3 years before the survey to ever-married women.                      3 Based on WHO standard.</p>						

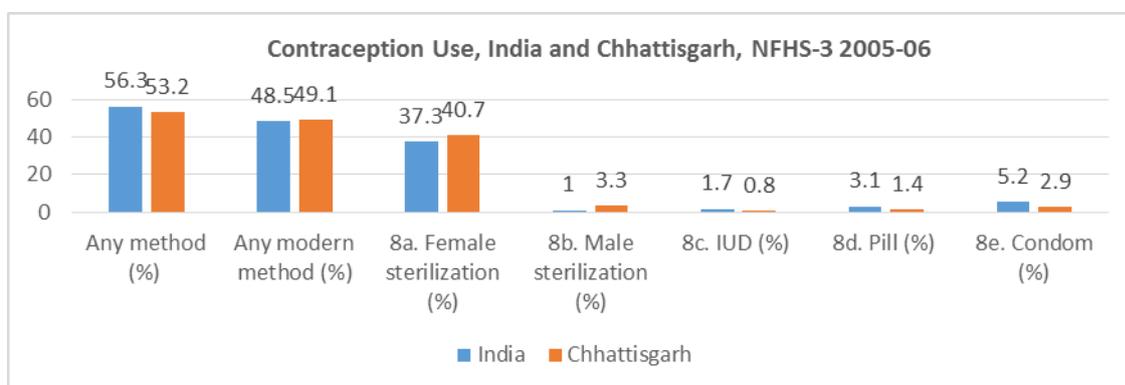
**Figure 5-1: Age at marriage and pregnancy**



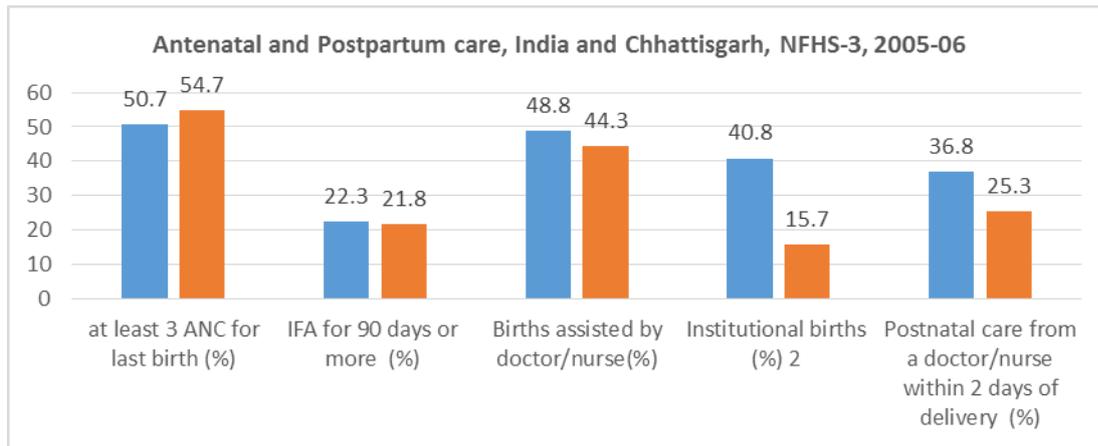
**Figure 5-2: Desire for offspring based on sex composition of existing offspring**



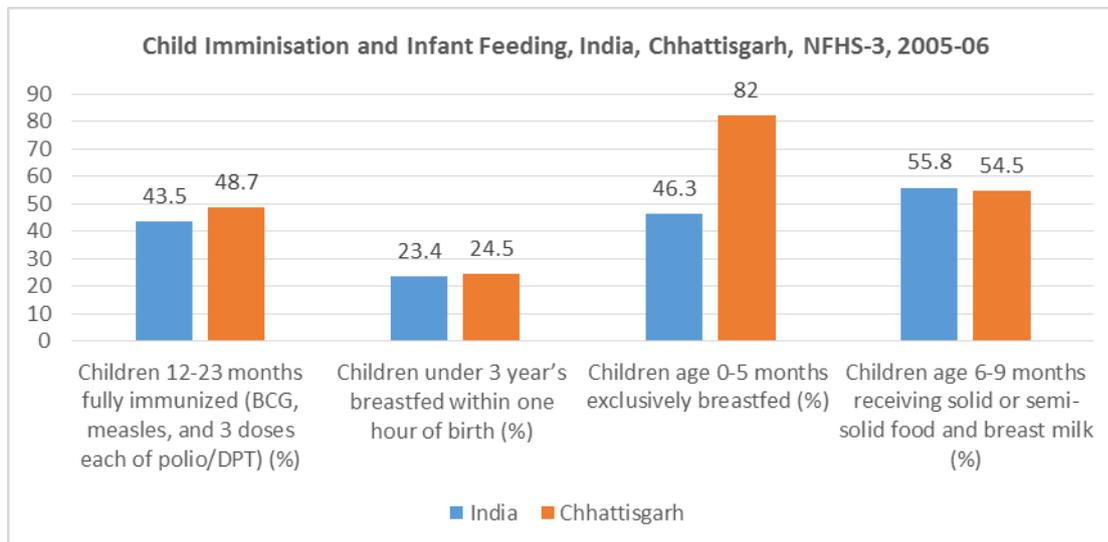
**Figure 5-3: Contraception Use**



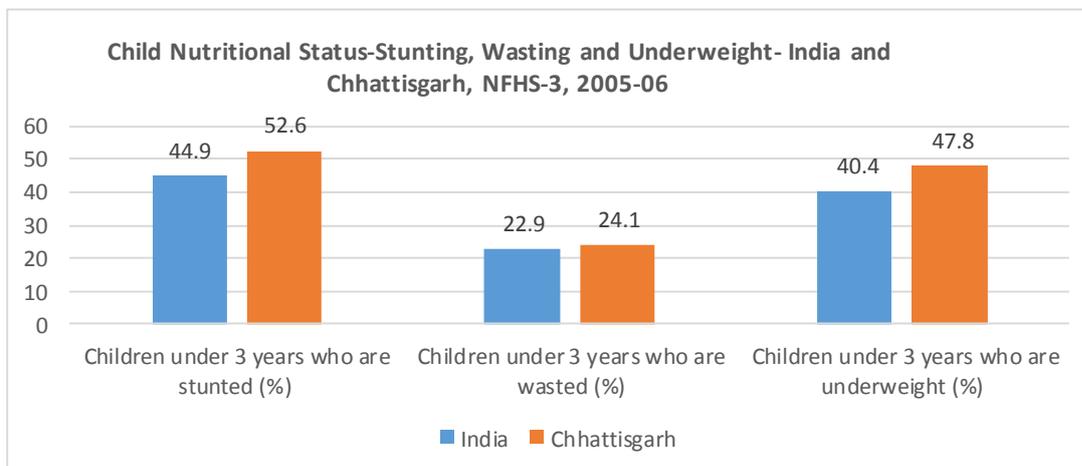
**Figure 5-4: Antenatal and Postpartum Care**



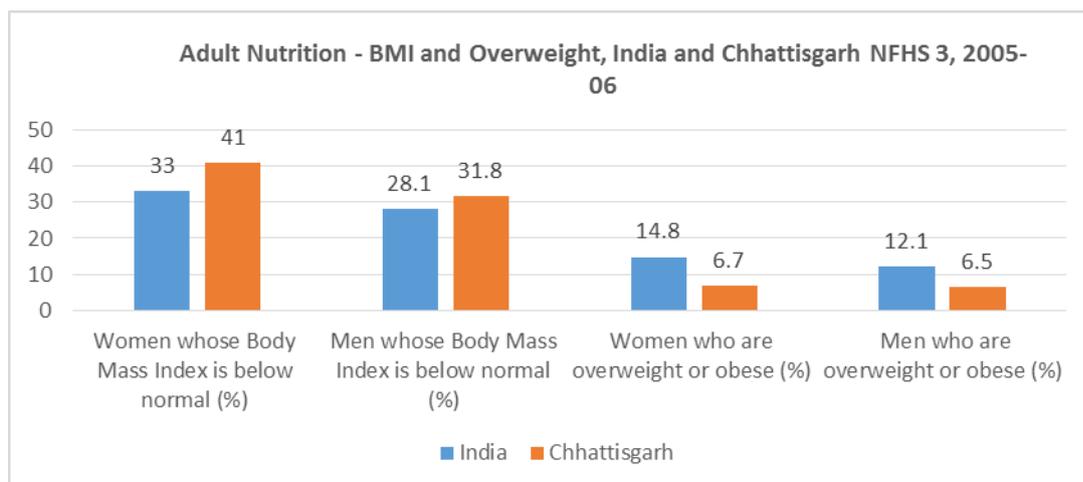
**Figure 5-5: Child Immunisation and Infant Feeding**



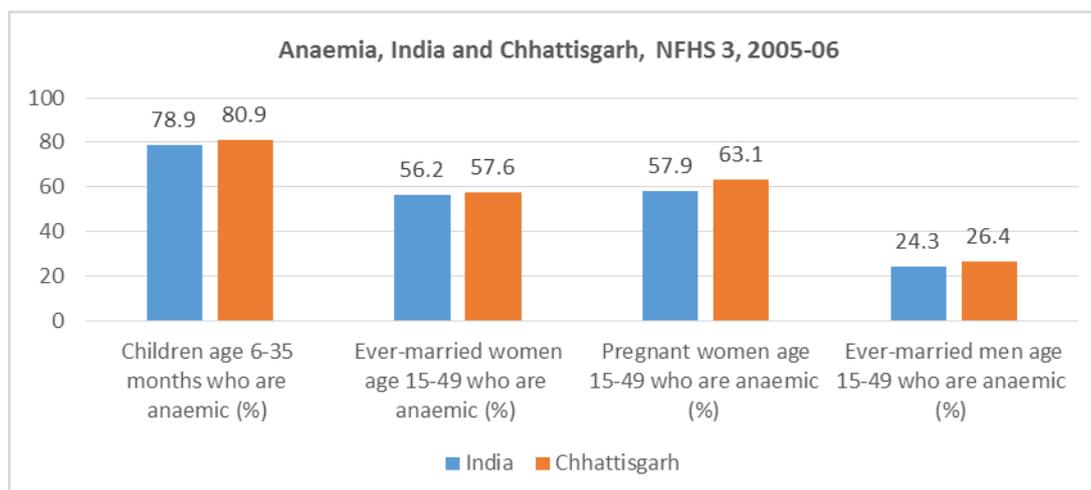
**Figure 5-6: Child Nutritional Status – Stunting, Wasting and Underweight**



**Figure 5-7: Adult Nutrition**



**Figure 5-8: Anaemia**



Moving now to a discussion of local data from Nariar and its region, while state level statistics are available from NFHS, and position the larger region unfavourably to India as a whole, it is much harder to come by reliable secondary data at more local levels<sup>140</sup>. I present in Figures 5.10 to 5.13 indicators from available records held by the ANM for Nariar (I present a table on the same in Annexure 5), and subsequently primary data gathered on child weight in the village.

<sup>140</sup> There is a problem of excessive, inefficient and wasteful data gathering by public health service providers, the data commonly laughed off as unreliable/ fabricated. Frontline workers, who are not unusually blamed for poor development outcomes, feel policed and this amongst other factors is a disincentive for accurate reporting (a senior bureaucrat, V Ramani of the Maharashtra Health and Nutrition Mission spoke in a meeting in 2006 of the many benefits of adopting a 'motivational' rather than 'policing' approach in encouraging accurate data gathering and reporting).

The antenatal care and childbirth data for the village gathered by the nurse (this is a near complete vital registration or census of childbirth)<sup>141</sup> show that births take place mainly in the home (Figure 5.10). Of the 40 deliveries from the village between March 2010 and March 2012, 24 or 60% of children were born at home and 40% at a health facility. Furthermore, those using health facilities for delivery use private facilities to a greater extent than public facilities. We see that higher order pregnancies are not uncommon (Figure 5.11). Figure 5.12 suggests poor Gestational Weight Gain with women in Nariar like in much of rural India gaining only about 5.7 Kgs between their first and fourth antenatal check-ups (i.e. roughly between week 12 and 32 of pregnancy). While ideal gestational weight gain and its relationship to birth outcomes is debated<sup>142</sup>, Gestational Weight Gain is particularly low in rural India, and a perceived risk factor (Mavalankar 1994). Figure 5.13 tells us that women in the village are of small stature, and that Pardhi women are particularly short, with heights of the 9 Pardhi pregnant women in the cohort averaging below the 145 cm NFHS cut-off marking nutritional risk<sup>143</sup>. We further see that Pardhi women weighed during their first ANC are about 5 kg lighter than non-Pardhi women, and this, along with the height data, indicates their small stature, an important marker of nutritional attainment.

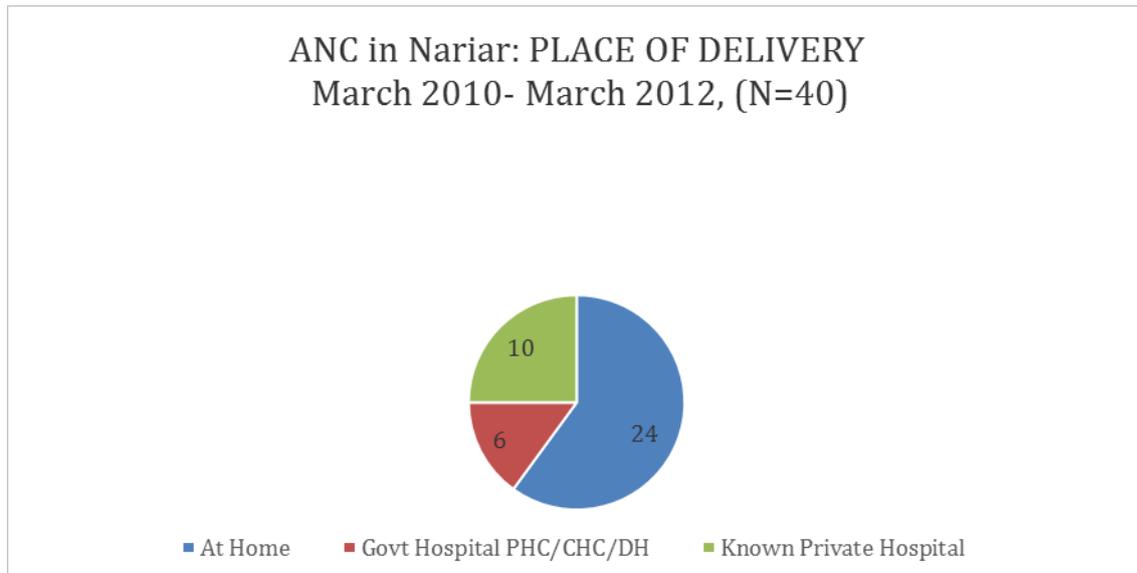
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<sup>141</sup> Over extensive interactions I was aware of only one case that was not recorded by the ANM (a pregnancy of a Pardhi woman which ended in a still birth). My sense is that except for that one case, the register did represent a census of all advanced pregnancies/births in the village over the two-year period.

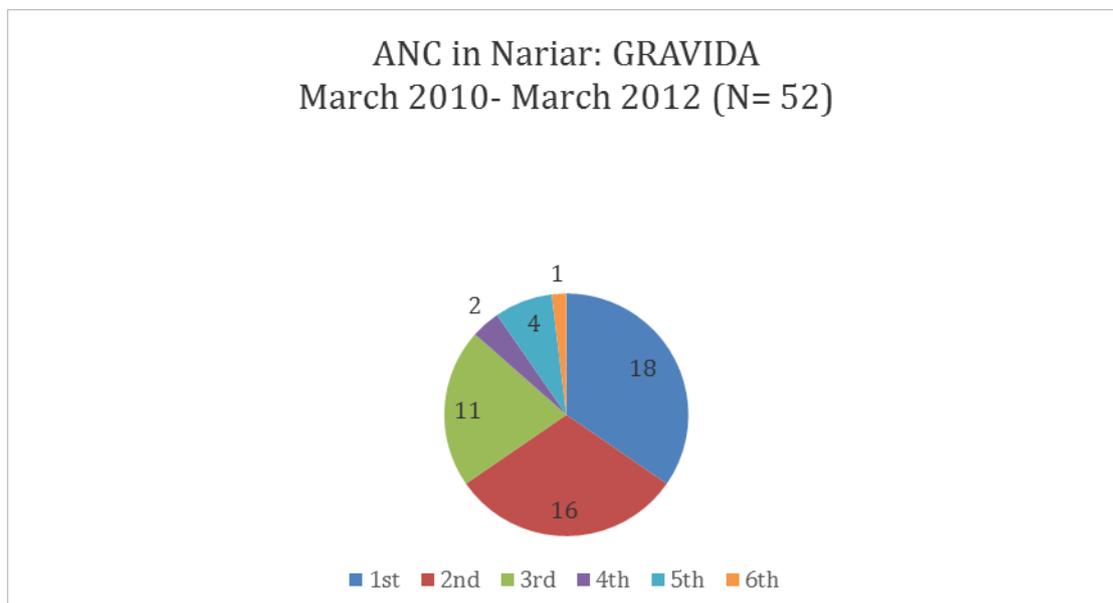
<sup>142</sup> Gestational Weight Gain (GWG) varies depending on a range of factors and guidelines on ideal GWG are not uniform, and not all countries have them. Furthermore biomedical research does not point to unidirectional links between gestational weight gain and birth outcomes. What guidelines there are follow the principle that women who are underweight and have a low BMI, must put on more weight, than women who are overweight or obese. USA guidelines issued by the Institute of Medicine (IOM- Revised Guidelines 2009) recommend that women of normal weight for height (BMI between 18.5 and 24.9) should gain between 25 and 35 pounds (11.3 to 15.8 kg), while women who are underweight (BMI < 18.5) must gain more - between 28 and 40 pounds (12.8 to 18.1 kg), and women who are overweight (BMI between 25 and 29.9) and obese (BMI > 30) gain correspondingly less - 15-25 pounds and 11-20 pounds respectively. There are no formal guidelines for the UK on optimal weight gain in pregnancy. The National Dietary Reference Values recommend however that pregnant women have an additional intake of 200 calories per day in the last trimester.

<sup>143</sup> Height is an important marker of reproductive health. Short heights often correspond to small pelvic size, a risk factor for a difficult birthing process, associated with Low Birth Weight that has implications for compromised growth through life. NFHS-3 uses 145 cm as a cut off point for nutritional risk (NFHS-3, Chapter 10. Pg. 303).

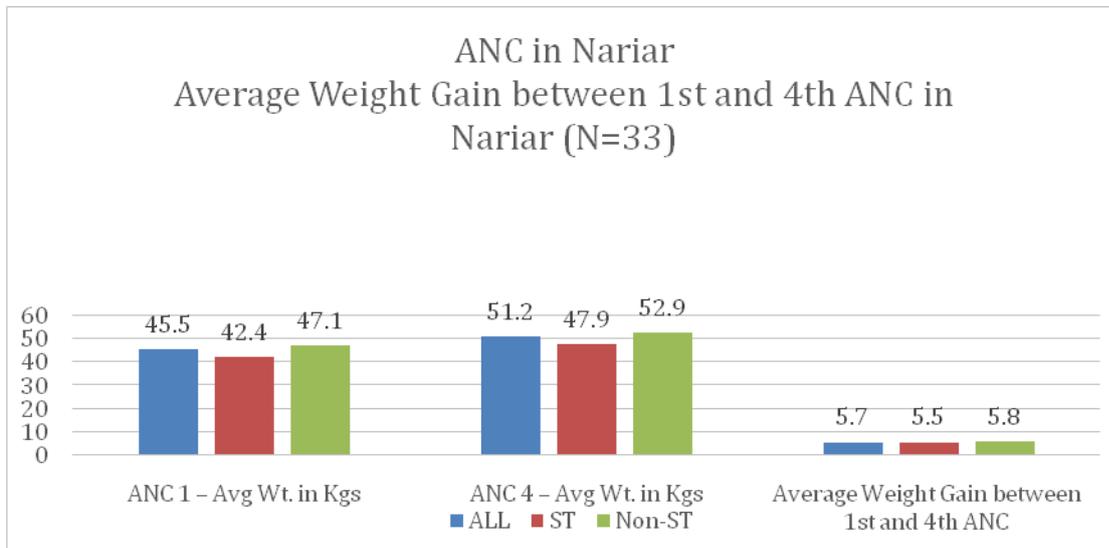
**Figure 5-9: ANC in Nariar – Place of Delivery**



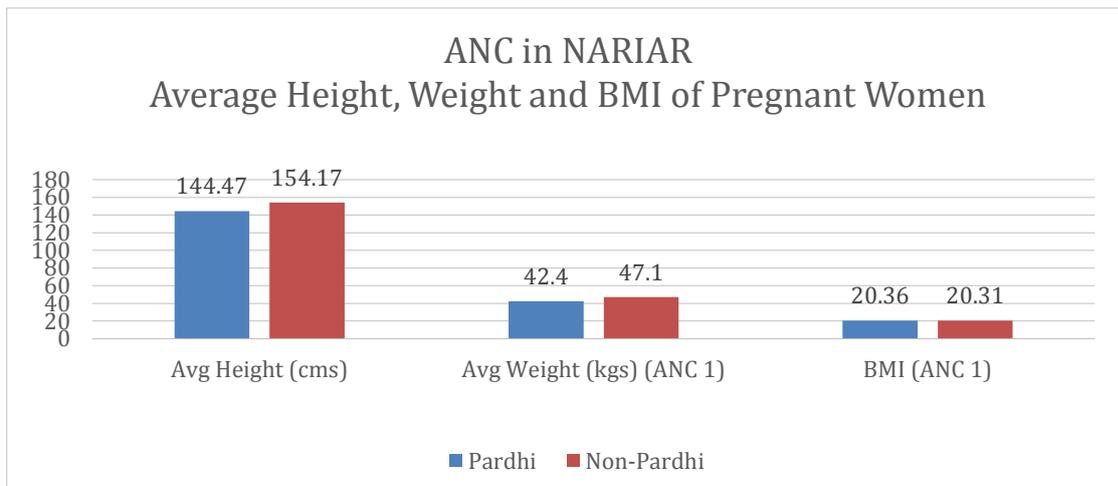
**Figure 5-10: ANC in Nariar - Gravida**



**Figure 5-11: ANC in Nariar – Weight Gain between 1<sup>st</sup> and 4<sup>th</sup> ANC**



**Figure 5-12: ANC in Nariar – Average Height, Weight and BMI of Pregnant Women**



I now outline weight data gathered at Nariar of children in the village between 0 to 5 years of age. The aanganwadi worker of the village, who was encouraged by a small financial incentive from me, gathered these data. The seemingly simple activity of weighing young children, and aiming to weigh all young children in a village can be exceedingly complex however and this complexity is important to note since it has wider implications for the monitoring of and achievement of child growth outcomes at the village level. I subsequently touch upon it briefly in Box 5.1. Given this complexity, and that I was not myself monitoring the gathering of weight data, it is best to treat it with a degree of caution.

Measured against international population criteria (WHO growth standards) in June 2012 60.6 percent of all children under 5 years of age in the village were underweight for age (Table 5.2). For children under 3 (Table 5.3), when compared to NFHS-3 figures for Chhattisgarh from 2005-06, in Nariar of 2012 a greater percentage of children are undernourished (57.8% as against 47.8% for the state) and this is important to note assuming that secular improvements in nutritional status have been made over the 6-year period. While overall samples are small, the data do show that nutritional status does not differ by sex (Table 5.4), and that undernutrition is a problem across caste and tribe affiliation (Table 5.5).

**Table 5-2: Weight for Age for all 0-5 year old children in Nariar (June 2012)**

Weight for Age 0-5 June 2012				
	Z Score/ Range	No of observati ons	Total Observati ons	Percentage
Underweight for Age: < -2 SD below international population norm	< -3 SD (Severe Undernutrition )	33	57	60.64%
	-3 SD	1		
	-2 to -3	23		
Weight for Age - within normal range + or - 2 SD of population norm	-2	4	37	39.36%
	-1 to -2	19		
	-1	2		
	0 to -1	11		
	0 to + 1	1		
Total		94		

Based on The WHO Child Growth Standards

**Table 5-3: Weight for Age for all 0-3 year old children in Nariar (June 2012)**

Weight for Age 0-3 June 2012				
	Z Score/ Range	No of observati ons	Total Observati ons	Percentage
Underweight for Age: < -2 SD below international population norm	< -3 SD (Severe Undernutrition )	17	33	57.89%
	-3 SD	0		
	-2 to -3	16		
Weight for Age - within normal range + or - 2 SD of population norm	-2	2	24	42.10%
	-1 to -2	11		
	-1	1		
	0 to -1	9		
	0 to + 1	1		
Total		57		

Based on The WHO Child Growth Standards

**Table 5-4: Weight for Age for all 0-5 year old children by sex in Nariar (June 2012)**

Weight for Age 0-5 years by Sex June 2012			
	Total	Male	Female
Underweight for Age: < -2 SD below international population norm	57	32	25
Weight for Age - within normal range + or - 2 SD of population norm	37	21	16
Total Observations	94	53	41
Percentage Underweight for Age		60.37	60.97
Percentage within normal weight range + or - 2 SD of population norm		39.62	39.02

**Table 5-5: Weight for Age for all 0-3 year old children in Nariar by caste tribe category (June 2012)**

Weight for Age (0-3 years) by Caste/Tribe Category June 2012							
	< -3 SD	< -2 to -3 SD	< -1 to -2 SD	<0 to -1 SD	0 to +1SD	Total	Underweight for Age (%) < -2 SD
Scheduled Caste (SC)	4	11	11	8	0	34	44.1
Scheduled Tribe (ST)	7	4	3	0	0	14	78.5
Other Backward Classes (OBC)	6	1	0	1	1	9	77.8
Total	17	16	14	9	1	57	

The descriptive statistics presented above are intended to illustrate the poor health and nutrition indices in the region, important for our discussion to follow.

### Box 5-1: The complicated business of weighing children under 3

There are several reasons why Growth Monitoring of young children – plotting children's anthropometric indices such as weights and heights on population-norm growth charts to identify their comparative positioning and any faltering in growth - does not happen like it should.

An important factor is that young children under 3 years of age are in or around their homes and few come over on a monthly date to the aanganwadi centre. This means that weight measurements have to be taken in their homes. Parents, while they are sometimes interested to learn about a child's weight when it is taken, are not interested enough to take their children over to the aanganwadi centre for the weighing. Parents do not fully appreciate the value of child growth measurements, and the importance of tracking growth on a temporal scale.

The aanganwadi worker further does not like to 'roam' village lanes and go 'home to home' – this is a time consuming activity, roaming of women overall is not viewed favourably and there is also always a power-equation involved in each interaction - community members have to 'agree' to let the aanganwadi worker take weights, an activity of passing interest to them, but viewed by them to be of importance to the aanganwadi worker. There is general reluctance on the part of the aanganwadi worker 'to put herself out' in gathering weight data, and these data are further not scrutinised by the ICDS system. Further, aanganwadi workers may be reluctant to go for weights to houses of opposing political camps. The perceptions on the importance of growth monitoring which shape who takes the onus for the activity, and social relations in the village as they influence the aanganwadi worker's interactions influence why the activity of weighing does not happen on a regular basis.

## 5.4: EVERYDAY FOOD AND NUTRITION IN NARIAR

It is widely argued that the quality of diet in rural India is very poor, and any discussion on cultural beliefs shaping diet must also be located within this background. The poor quality of diets overall is reflected in survey data reporting dietary intake such as those of the National Nutrition Monitoring Board (NNMB 2012:41-46) and the National Family and Health Survey (NFHS 2005-06), which reveal that overall diets, especially for the poor are predominantly cereal-heavy, and significantly deficient in fats, proteins and micronutrients. Furthermore time trends show few improvements in overall dietary intakes though there are improvements in overall nutritional status, which is put down by NNMB to other factors (NNMB 2012)<sup>144</sup>. It is undeniable that nutritional deprivation has contributed to the poor long-term health and nutrition indicators.

While actual dietary intake over generations and across social groups was not measured, there was a perception that there is some improvement on health and nutrition in Nariar compared to times within living memory when, as older women of Nariar would declare – it appeared, figuratively speaking - that ‘hunger would kill’ (*bhukkhe marte*). The village has seen an economic transformation over the last two decades. Significantly it has witnessed an increase in agricultural production and its rewards, greater connectivity and diversification of the local economy, an escalation in land prices from which many who sold land plots had benefited, and a plethora of public welfare programmes of which on food schemes. The school Mid-Day-Meal programme has been reasonably well implemented, and the important Public Distribution System has developed an expansive and strikingly efficient reach, making monthly transfers of 35 kg of rice at either Rs. 2 or Rs.3 per kg (about a tenth of the market price of basic rice, which is about Rs.20 per kg)<sup>145</sup>. While the above described processes may lead to unequal gains, i.e. that benefits may be unequally distributed by criteria such as caste and class or other social position, the overall impression is that for the majority, disposable incomes were higher, and contributed to greater wellbeing. Yet despite these

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<sup>144</sup> NNMB (2012:41-46) reports (from research in 10 mainly southern states) that there have been marginal improvements in overall nutritional status, despite little discernible improvement in diet (trends in diet show a gradual decline in consumption of cereals and millets and a marginal improvement in consumption of green leafy and other vegetables, though for other food groups trends are unclear). NNMB puts improvements in overall nutritional status (irrespective of improvements in diets) down to other factors such as improvements in healthcare, sanitation and water (NNMB 2012: iii). Deaton and Dreze (2009: 63) speculate that the evidence on decline in calorie consumption at given levels of activity could be plausibly explained by reductions in calorie requirements from lower activity levels and a better health environment (Deaton and Dreze 2009).

<sup>145</sup> Chhattisgarh’s PDS has expansive and near universal reach, and is seen as a model and an example of effective functioning in the context of the traditionally more backward regions with poor governance (See for instance Puri 2012, Khera 2011, Dreze and Khera 2011)

gains, quality of diets for the majority left much to be desired, and foods that were nutritionally valued both socially and from the perspective of biomedicine, such as meat, milk, vegetables, oils, eggs and fruit were particularly scarce.

In everyday language, in addition to the common greeting *sab bane bane?* which translates into 'is all well with you?', Chhattisgarhi village folk often acknowledge each with the somewhat curious salutation '*kai sabji khaye?*' or 'what vegetable have you eaten?'. This greeting highlights perhaps the importance of the *sabji* or 'vegetable question' in everyday life. The *sabji* or vegetable-dish is the only other usual and particularly valued accompaniment to the predominantly rice-based meal. In light of its standing as a key source of 'non-rice' nutrients. However, while it is tricky to comment on adequacy<sup>146</sup>, it could be said for many that it was oftentimes limited. Women in conversation often used the phrase '*avra javra*' 'scrappy or piecemeal' in describing vegetable consumption in the village, and for the presence of lentil curry or *dal* in a meal, the telling expression '*achanak*' or 'sudden'. Given that the basics – *sabji* and *dal* were for many, across communities, 'rationed', the specials were particularly so. I present in Box 5.1 an overview of everyday diets in Nariar.

#### Box 5-2: An overview of everyday diets in Nariar

Overall diets for most in the village are rice-intensive. The two main meals of the day consist of rice, and one other main accompaniment, either 'dal' or 'sabji' but rarely both. Only some households would have both *dal* and *sabji* on a regular basis and others intermittently or on special occasions, such as a child's birth celebration, the *chatthi*, a wedding or an engagement. **Meat** or fish for most non-*adivasi* households is consumed once a week, usually a weekend treat or when there are visitors. It is not always served in celebrations where there are many guests though, given cost considerations. Kalpana (from amongst the economically more secure households in Nariar, as we discuss further in Chapter 6, reporting for her joint family of 4 adults and 5 children) bought about 2 kg of chicken over the weekend, but of this about ½ kg was shared with guests, and the rest shared in the family. For the Pardhis meat consumption is more frequent and a wider range of animals and birds are not taboo, but individual intake quantities are small. Meal compositions for the Pardhi tribe, as we discuss further on, are unreliable and there is high day on day variability in their diets. As we also see from indicators of stature Pardhi women do the worst on nutritional attainment. **Fruit** consumption is occasional. Historically the market for common fruits such as bananaa, apples, oranges or grapes has been underdeveloped until recently, even in cities. Locally there are few fruit trees in the village. It could be said that about 1 kg of seasonal fruit, commonly banana or orange was bought for a family of about 6 on occasion either fortnightly or once in 10 days. **Milk** is a particularly high value product. Considered cripplingly expensive, its consumption is particularly infrequent. Most households do not consume any milk or milk products at all on an everyday basis, and use it only on special occasion, as we see in quotes below:

*Say for the chatthi we may buy 3-4 litres, or if we want to cook something particular we may get some, but who is going to buy milk to drink everyday?*

<sup>146</sup> Measuring dietary intake and nutrient adequacy is notoriously complicated. Demands of frequency of observation, and detail are high making data gathering intrusive. Further, nutrition scientists disagree on value of intake norms (in India the Recommended Daily Allowance) as indicators of nutritional status or adequacy (anthropometric measures are hence considered more robust measures of nutritional status).

[Harish, Male, CS HH Satnami-8 - from amongst the wealthier families in Nariar. The *chatthi* celebration would, in a household such as his, involve entertaining about 60 persons]

*We don't buy milk, the (youngest) child drinks breast milk, now where will a poor person get milk everyday from?*

[Trisha CS HH Satnami-9 from a middle-income family amongst the Satnamis]

Only a handful of households consumed milk on an everyday basis and these usually had a milking cow, or were amongst the few relatively wealthy in the village. In these homes too however the drinking of milk as milk by individual members, or children was unthinkable. At Rs 25-30/litre, milk for individual consumption was not in the realm of consideration (a usual daily weeding/harvesting wage is Rs 70 while other casual work paid about Rs. 150 per day). Milk here was largely an additive to other foods and tea 'with milk' was special, not taken for granted, and served partially – i.e. not to all who may be present. Large households of up to 20 members may keep out about ½ or 1 litre for daily consumption. In all my time in Nariar, I did not observe any case where milk was drunk by itself on a regular basis by any member of the family, child, adult or pregnant woman. One woman from a household that was vegetarian reported seeking out milk and curd during her past pregnancy, but I was not able to verify frequency or quantities consumed, and I suspect they were small.

**Eggs** are highly valued, and depending on household economic status families may consume about 1-2 meals with eggs as an accompaniment a week (usually 1 egg per person). **Other valued foods and treats** are a savoury snack, an ice lolly bought from a travelling vendor, biscuits, or eggs. While the presence of these special foods is not uncommon, when divided up by the numbers, they usually meant small individual shares. A biscuit and tea is breakfast for many women across communities.

That special foods are rationed is indicated for instance by the levels of interest in the meal or snack being served at a celebration that may be organised in a village home, a subject of much chitchat and gossip, also on 'sizing up' the display and spend. Oftentimes a dry savoury snack similar to the 'Bombay Mix' sold in the UK is carried out from the celebration by one of the attendees into the village, and brought into a street side gathering of women and children, amongst them many who have not attended this celebration (propriety has it that while the host family may exhibit a wider invitation, only one person per household – usually an older woman, attends the event and partakes of the celebratory meal - *dal* 'and' *subji* cooked in much oil and *nashta* or Bombay-Mix type snack). The *nashta* may be shared at the street corner gathering, though all women are very conscious that this treat rightly belongs to a particular individual or has been brought out to share with children of her own household, and the unspoken rule for grown-ups is to show restraint, to modestly refuse if offered. Children too internalise restraint. I observed once 3 primary school children about 6-8 years old sit side by side in the homestead courtyard having different meal compositions in their plates – two children having rice, *dal* and *subji*, and one only rice and *dal*. I unwittingly expressed my surprise and asked about the third child's 'lack of interest' in the *subji*, only to learn in an awkward moment for us all that this was because they belonged to two different economic 'cooking units' within the same homestead. The child's mother had not cooked *subji* that day, and this precious food was not shared with children across cooking units in a casual manner. Further, an attraction for women to attend a 'health education' meeting is the 'Parle G biscuits' that the health educator brings (a packet each for women to take home is an incentive). The discussion around the health education flipcharts and any other messaging tends to be incidental.

### **The everyday food situation of the Pardhis**

The Pardhi kitchen has in effect *no* food stocks (rice is an exception depending on the time of the month since PDS stocks of 35 kgs may have been brought in, these usually last about half a month). Apart from salt and sometimes turmeric and chilli powder, absolutely nothing was stored in a Pardhi home, all other food is bought 'day on day'.

The Pardhis like all other communities value meat. Their self-confessed love for animal based foods was passionate - faces lighting up on mention of meat of any sort or eggs, their weakness for meat and alcohol being expressed as reasons for reckless expenditures. Meat is eaten as frequently – a

few times a week in small quantities usually also dependent on their hunting gathering successes<sup>147</sup>. Their diets are highly variable and unreliable, in that there is not a consistency in either quantity or form of meal. If they have not managed to catch a bird or fish on the day, or if there is a cash flow constraint on the day the Pardhi family may eat only rice and a chilli/tomato paste *chutney* – the ratio of proportions is a large sized dinner plate heaped with rice, with 1-2 tablespoons of a tomato *chutney*. On other days there may be an egg per head or 1-2 tablespoons of meat. A significantly larger range of foods are not taboo (including meats of rodents, squirrels and birds big and small) and there is frequently some meat to put into the pot, yet we see that on overall nutritional attainment indicators they were particularly deprived as a community. (We discuss the ‘day on day’ food habits of the Pardhis and their implications further on in Chapter 7).

**Food Taboos** – eating the meat of the *suvar* or pig is taboo, across communities and mention of the word *suvar* evokes revulsion. The Pardhis say that if a pig was to even ‘touch’ their garments, they would in response ‘discard them’, so revolting and polluting is the pig. Satnami women described the pig as food for a ‘*neechi*’ or low *jati*, and the phrase ‘you can eat a pig’ is sometimes used to tease or mock another.

The Pardhis follow few other taboos, and as one informant put it ‘*The Pardhis can eat all but suvar (pig), dog and man*’<sup>148</sup>. They also eat the holy cow, which is a proscribed food for most other communities in Nariar and associated with the *Marar* caste – the lowest of the low, historically leatherworkers. All I interacted with from the ex-untouchable community of the Satnamis also displayed a strong aversion to meat of the cow, and associated it with low status castes.

For the non-Pardhi communities, apart from meat of the cow, the dog and pig being forbidden foods, a range of other foods – such as rats, some wild animals, and a range of wild fowl are not eaten though some larger birds such as the *bhater* that the Pardhis hunted were sold to non-Pardhis in the village.

It is in this background of overall dietary intake that the question of cultural beliefs on diet and their implications for reproductive health and nutrition that we turn to over the remainder of this chapter and the next one must be located. I discuss first nutrition in the period of pregnancy, and the relevance of perceptions of food avoidance and ‘eating down’, important for understanding reproductive nutrition in the region.

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<sup>147</sup> It is hard to comment on actual quantities of dietary intake, as numbers of household members who may consume a meal are variable - being inter-related to one other the Pardhi find it difficult to refuse food to each other and to respect the ‘strict economic cooking units’ in how they organize and distribute food. As a rough estimate it could be said that a portion of meat is 50 Grams.

<sup>148</sup> The words of a loquacious Pardhi man, Jiya Pardhi (April 2012).

## 5.5: DIET IN PREGNANCY: ARE CONSIDERATIONS OF FOOD AVOIDANCE OR EATING DOWN OF RELEVANCE FOR NARIAR?

Pregnancy is often accompanied by changes in diet and ‘food avoidances’ observed with a view to maintain wellbeing of a pregnant woman and unborn child, and as we discuss in Chapter 2, these are known to be quite extensive in some contexts and from the perspective of biomedicine may have a negative influence on maternal nutrition<sup>149</sup>. Literature indicates though that viewed from a bio-medical perspective cultural ideas on food avoidance may have a negative influence on maternal nutrition. Additionally there is the concern that first gained prominence from Berms and Berg’s influential World Bank discussion paper (1988), that women in developing countries may be not increasing their food intake or maybe even ‘eating down’, from fear of the perceived positive relationship between food intake and foetal size with consequent implications of a ‘large baby’ for obstructed labour. Moni Nag’s review of studies found some resonance for these views in India. Pregnant women in his words ‘commonly’ avoided nutritious foods that were classified as ‘hot’ and from the perspective of biomedicine known to have a positive relationship with foetal growth, and these included precious animal foods. Furthermore, the belief and practice of eating down in pregnancy was to use Nag’s word ‘common’. Nag contends that this may affect a pregnant woman’s nutritional status (Nag 1994: 2437). Did cultural beliefs on diet in pregnancy influence nutrition outcomes in Nariar? We now turn to this discussion.

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<sup>149</sup> See Nag (1994) for a review of studies from India. Pregnancy has been viewed in some studies as a ‘heated state’ requiring in balance a pregnant woman’s consumption of foods considered ‘cold’, reflecting not physical temperature but symbolic cooling properties, the reasoning being to maintain bodily equilibrium in protecting the foetus and preventing its abortion. Food modifications are known to be extensive in certain contexts and take away from maternal nutrition. For instance from Tamil Nadu Ferro-Luzzi (1980) discusses that food restrictions were dramatic, extensive, and could take away from maternal nutrition. Much has changed in contemporary Tamil Nadu since then though. My own observations between 2005 and 2009 and other reports (discussion with Dr. Mina Swaminathan 2014) indicate that the public health system and ICDS programme have played an important role in aligning food cultures to biomedical recommendations, the processes shaping such alignment also discussed in the work of Cecilia Van Hollen (2003).

### **Cultural Beliefs on Diet in Pregnancy in Nariar**

*When the child is in the womb one can eat everything, cold foods, hot foods, everything.*

[Rekha's Mother in law - CS HH Satnami-7]

*In my case, in the heat, I desired 'cold foods' during pregnancy and therefore I ate cold foods in particular, seeking out curd, cold fruits and milk, apart from khana (the staple food – rice), and I did not eat hot foods. For those to whom both hot and cold foods suit, they should eat them both. A person should eat by the directive of what suits them.*

*... Tuma and Kochai (root vegetable) is not eaten. Mushrooms (phuttu) was also not eaten as this may lead to the child having scars at birth, and on eating too much chilli the child may be born without hair.*

[Rekha CS HH Satnami-7 - reflecting on when she was pregnant with Amit]

*In terms of food everything can be had... [As an afterthought]... Lauki (gourd), Tuma, Tumdi, Lal Kanda (root vegetable sweet potato), Kochai (a root vegetable) Chin chinya Bhaji (a green leafy vegetable) ...is not eaten, as from these the child (foetus) would get eruptions (phodi) or patches (dhabha) on his skin.*

[Ritika, CS HH Pardhi-3 - 8 months pregnant at the time]

*All is eaten, there are some three-four items that they don't give to a pregnant woman, others are given... they don't give jimi kanda (a root vegetable resembling yam), phuttu (mushroom) is not given, sooth laddoo (a dish made of ginger, jaggery and spices) and tea is not given.*

[Ashwini, Sahu - a trainer in a state-wide health programme]

*We don't give 'basi khana' - (to pregnant women) referring to the older leftover rice that is usually soaked overnight in water. After the 8<sup>th</sup> month of pregnancy – no sour foods, no basi (not freshly cooked), no banana, no cucumber, no kadhi (sour curry made with yogurt), and no curd – since the child (in the womb) will catch a cold.*

[Savitabai, Satnami – the longstanding village traditional birth attendant about 60 years of age]

The quotes above reflect the variations in cultural beliefs on diet in pregnancy – food norms that speak of no restrictions by hot/cold criteria, views on specific foods that may be avoided, and some views on food avoidance in late pregnancy following perhaps the idea that 'cold' be avoided in late pregnancy. By way of summary though, from commonly voiced expressions as well as from observations in and around Nariar irrespective of class and community criteria, it could be said that cultural rules were not severe in their food proscriptions, that any food proscriptions were not universal, and that any implications for gestational nutrition were insignificant.

Any food avoidances were usually reported in an indifferent postscript to the initial first reaction elucidation that 'all could be eaten'. Furthermore they were few, uncommonly and inconsistently recollected, were not an obvious or everyday part of household diet, and did not expressly include high value, nutrient rich animal foods to have an obvious implication on diet. The common practice is as Rekha in the quote above indicates "a person should eat by

*the directive of what suits them*”, an emphasis very much on the woman’s own regulation of diet based on her inclinations, considerations of palatability and individual suitability of hot or cold foods, which may depend on her judgement of her own bodily state, rather than any universal humoral conceptions.

Any foods avoided are *particular*, avoided for their perceived influence on the appearance or features of the child at birth, and do not derive from principles of humoral balance, which would apply to a larger food range. There were some considerations on avoidance of sour foods and foods classified as cold in advanced pregnancy, illustrated by the words of Savitabai the longstanding village *dai*, and from Gangabai Pardhi, which echo patterns of post-partum food avoidance that we come to later, and reflect a precautionary principle of protecting the now advanced foetus from catching the dreaded and common post-partum condition of *sardi* or ‘cold’, while still in-utero<sup>150</sup>. Yet in practice apart from the observed and positive emphasis on keeping to freshly cooked foods and avoiding *basi* or leftover foods - a pregnant woman ate as she always did, partaking of the everyday household meal with some adjustments for palatability. Any food restrictions were inconsequential. In the same vein, from observation the question of ‘eating-down’ was a ‘non-issue’ and palatability or nausea again the only criteria shaping any temporary food reductions.

I heard the rare narrative of how women in the past were sometimes admonished for eating too much for fear of ‘cramping the baby’ (*baccha dab jayega*) in the womb, a conception that perceived that the growing child in the womb shared the same physical space as food, and that too much food took away from the room available to the unborn child, an idea also articulated in other parts of the country (Nichter and Nichter 1989; Jeffery et al. 1989:78). This remained however only an uncommon and dated idea having from observation and testimony no influence of note on actual dietary intake in either current times or in living memory. This was evidenced by the fact that no women I spoke with were concerned about gestational ‘child squeeze’ with respect to their own pregnancies, and nor did their larger kin networks voice this idea that may shape their diet. The idea was revealed only as an inconsequential and uncertain (even to my informants) afterthought, and was further not echoed consistently by older women either, and this leads me to the conclusion that it is not a widely shared conception or practice. In many ways my conclusions on diet in pregnancy mirror those of Jeffery and colleagues from their work in rural Uttar Pradesh, that while some food preferences and possible avoidances are voiced with regards diet, in actual practice

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<sup>150</sup> The last stage of pregnancy unlike the early stages has been viewed in other regions as one where ‘cold’ must be kept at bay and heat generated to facilitate contractions and delivery (Nag 1994). In Nariar the occasionally voiced consideration was preventing the unborn child from catching a cold, but not a consideration of building heat to aid delivery.

respondents did not usually report any change at all in their diets during pregnancy (Jeffery et al. 1989:78). In fact in Nariar there was little convincing evidence of actual restrictions in dietary practices in living memory either. I present below a case discussion which is illustrative of health and nutrition considerations in pregnancy. I carry the same case forward subsequently in Chapter 6 to illustrate considerations surrounding maternal nutrition in the post-partum and on infant nutrition.

## KALPANA'S PREGNANCY

My second meeting with Kalpana was in early October 2011, a year since I first met her in November 2010, and much had transpired in her life since then. Over the past year, she had bagged the much-sought job of the aanganwadi worker for Nariar's new aanganwadi, an upgrade from her previously held near-voluntary position of the Mitanin (community health worker), and she was also about 7 months pregnant with her first child. Kalpana was a graduate, and had come into Nariar in marriage to Harish, who belonged to a family having a longstanding history in the village, and close ties with Nariar's Yadav Sarpanch. They were Satnamis, and she his second wife, coming in after his first had passed away leaving him with two, now teenage, daughters. The family shared their dwelling, a *pukki* house in the main basti, with Harish's younger brother, his wife and their children. Though younger in age than her sister in law, being married to the elder brother meant she was in the relationship hierarchy, 'senior' (*rishte mein badi*).

Through pregnancy Kalpana carried on with regular activities at home and at the aanganwadi. She had a casual attitude about care in pregnancy, '*you know all of this immunisation, eating well and so on*'. Immunisation she planned to follow through on, but she was not eating differently from before, was not in any way bothered about seeking particularly nutritious foods or monitoring weight gain. Like for other pregnant women in the village, the supplementary nutrition packets, to pregnant women - locally called the 'powder' - which in fact she was responsible for distributing and recognised the nutrient worth of, had no place in her diet and were summarily dismissed - '*I don't eat all of that*' and '*we eat what we eat*'.

The aanganwadi job was not viewed by her as particularly demanding. '*Where do I work that I will feel hungry? What real work is (at) an AWC? Mainly sitting around kids is it not?*' Her roles were largely managing records and overseeing the supplementary nutrition activities at the aanganwadi. Early Childhood Education (ECE) activities at the aanganwadi were entirely absent, and it was the 'aanganwadi helper' Rupkuwar who managed the bulk of the work - prepared the meal, ensured the children were served, and cleaned up before and after. It was true that relative to others in the village Kalpana had it easy. She had a 'non-manual' and secure job that paid her an enviable salary<sup>151</sup>, and unlike most women, never had to labour on the farm. Kalpana was also spared other routine and physically demanding chores. The household had a private bore-well, saving Kalpana the effort of bringing in water from a common hand pump, and while firewood was a major source of fuel, the family bought this, which meant that Kalpana did not have to roam to gather fuel.

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<sup>151</sup> Relatively speaking, since the aanganwadi worker is only paid an honorarium and is not a 'full' government employee. For many in the village, it remains an enviable opportunity and pay though.

She was registered with the local popular private maternity hospital 'Priya Multi' for antenatal care (a trend now amongst the economically better off) though when I often asked about her plans or preference for the venue of birthing she had no definite view on 'home' or 'hospital'; she said they would decide as per the situation at the time of delivery. She was casually interested in knowing the sex of her child, and said she would ask to know, though eventually she did not learn of the sex of her child. Through the pregnancy all was usual, but she had one lingering concern and this was that into late pregnancy - the 8<sup>th</sup> and 9<sup>th</sup> month she could not feel foetal movements or, as she put it the baby 'playing'. Following the examination by and advice of the nurse on her monthly visit to Nariar, Kalpana visited in November the government medical camp at the Primary Health Centre about 5 kilometres away for a wide-ranging examination. She also met another private doctor in Raipur for a check-up, and sonography. Her husband Harish took her along to the doctors outside the village on his bike, and was supportive, I also saw him come to a monthly meeting of aanganwadi workers at a village located a short distance from Nariar to explain his wife's absence in late pregnancy. All was okay said the various service providers, though Kalpana was fearful of the pills that the doctors prescribed (multivitamins), and skipped most doses, worried that they would lead to her child growing too large in the womb making for a difficult delivery.

On several instances while pregnant, in interaction with me, and others who she thought in the 'know' such as the nurse or a health trainer from the Mitanin programme, Kalpana was interested to learn about contraceptives. She had heard of the uncommonly used, but available Copper T (an intrauterine device), and was curious about this longer-term but reversible family planning method, not wanting to be 'burdened' with another child too soon after the first (*"to use a condom 'every' time was impossible, is it not?"*). While there was interest in contraception, the idea of a device fitted within the uterus evoked much fear, and while she was interested and anxious, it was not yet a here-and-now-question.

We have discussed before that food 'proscriptions' during pregnancy were not significant for the region of Nariar, that women reported little change in their diets, and dietary intake was shaped by individual considerations of palatability or suitability of various foods. Further there was awareness that small size of the infant at birth signalled vulnerabilities<sup>152</sup>. Yet notwithstanding the overall recognition and desirability of babies that were 'not' small at birth, and the inconsequential influence of cultural views on 'restrictions' for gestational dietary intake, we see that the fear of babies growing 'too large' as alluded to in Brem and Bergs (1988) hypothesis is a real one. The associations with 'too large' a baby size here are not articulated with respect to maternal food intake, but with her intake of micronutrient pills. We

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<sup>152</sup> Observations here support other anthropological work on community perceptions of baby size that recognise the vulnerabilities of small size at birth (Messer 1989, 1986). I refer to this observation in support of arguments against David Sekler's now outdated 'Small but healthy' hypothesis, which argued that those who were physically small, or suffered from mild and moderate malnutrition were not necessarily unhealthy (did not suffer from physical impairments). This argument which found some recent echoes, and saw Indian media attention in the work of Arvind Panagariya (2013) has been widely viewed as regressive and critiqued much by nutritionists as well as anthropologists such as Ellen Messer, who argued that from an anthropological viewpoint communities do not desire small babies at birth, and viewed larger babies as healthier (Messer 1989, 1986).

see that Kalpana, despite managing her pregnancy at a private hospital at the block headquarters, does not accept advice on nutritional supplements.

In an environment where home births continue to be preferred and predominant as we see in Figure 5.10 above, obstetric care limited and hospital-based deliveries viewed by most women with dread, women sometimes avoid or discontinue the consumption of multivitamin formulations during gestation as they fear the baby may be 'fattened-up' such that it makes for a prolonged, difficult or obstructed labour. This notion further had a wider appeal, beyond the village community to local public health service providers as well, who, while aware of biomedical recommendations did not always believe them, and shared many local cultural beliefs on nutrition. I observed Tarni the nurse one afternoon at the aanganwadi centre as she flipped through a glossy folder of health records from a case that was managed at a private hospital. Private providers are generally known to prescribe more extensive biomedical tests and multivitamins. As she glanced through the filed prescriptions in the folder, Tarni remarked that private service providers work in their self-interest to 'fatten the baby up' in-utero by prescribing antenatal micronutrient pills and then 'do the scissor', i.e. intentionally make a normal delivery difficult given the fattened-up baby and thereby force the family to go in for a caesarean section birth, more complicated, feared, and to the benefit of private doctors because it is overwhelmingly more expensive<sup>153</sup>. This indicates that even formally qualified service providers did not view multivitamins as entirely beneficial.

This avoidance of vitamin pills may, in the context of Nariar where micronutrient deficiencies are widespread, have some small implications for foetal development, though from the perspective of biomedicine there is significant lack of clarity on benefits of antenatal supplementation. While biomedical trials have shown some small improvements in birth weights from the antenatal supplementation of multiple micronutrients (Haider and Bhutta 2006; Fall et al. 2009), the longer term impacts on children's growth are unclear (Devakumar et al. 2014), and hence the implications of micronutrient-pill avoidance are not certain<sup>154</sup>. More important from the point of view of antenatal nutrition, was, in fact, not cultural

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<sup>153</sup> [Source: CSHH Yadav 1 Pregnancy records of Rupkuvar's *bahu* Nitisha]. Private hospital intentions in conducting caesarean section deliveries are widely known to be dubious - too quick to conduct caesarean section deliveries - since financial incentives are aligned to them.

<sup>154</sup> Biomedical scientists consider the body of existing biomedical trials on vitamin supplementation and multiple micronutrient supplementation during pregnancy as small and yet inadequate to make firm recommendations. Recent evidence from an important community based trial on nutrient supplementation has found no longer term benefits to children whose mothers were supplemented with multiple micronutrients. Evidence shows also that effects are not unidirectional (Devakumar 2014). A meta-analysis of trials on antenatal multi-micronutrient pill supplementation found that supplementation was linked with increased birth weights, but that it had no effect on still births or early neonatal mortality, and, in fact, when the results of one study were excluded from the analysis, the results of the meta-analysis showed an increase in neonatal mortality despite an increase in birth weights (Ronsmans 2009).

proscriptions on food, but the reality that while the food rules allowed it, and while women reported eating '*pet-bhar*' or 'full-stomach', it was also not a time when the pregnant woman was particularly prioritised in intra household nutrient allocations, or any mindful attempts made to provide for larger food intake that biomedicine recommends particularly for the third trimester of pregnancy.

I have described the overall context of household nutrition and availability of food and nutrition resources, and Kalpana was from a household where financial pressures were less acute. We see that in her case no effort is spared on seeking medical advice in pregnancy – Kalpana met the ANM at the village several times during her pregnancy, she visits the private doctor at Priya Multi hospital, she visits a government medical camp at another village, and she travels to Raipur for an additional examination. While she does this, she does not change the quality of her diet in any significant way, and rejects the ICDS antenatal supplements. It could be argued that financial barriers in Kalpana's case were not primary, and the family was spending considerable resources on medical care-seeking. While this is true, and indicates that diet is not prioritised, even for a household such as Kalpana's, consumption of meat, vegetables, fruit and milk, all high value foods that are nutritious and beneficial in pregnancy but expensive, would be limited. Milk in their house was only bought during festivals, and meat was a weekend treat. Therefore financial constraints do place some limits to the consumption of high-value foods.

In homes that had more pressing financial concerns, it is hard to keep out a disproportionate share of valued foods for pregnant women – the state of pregnancy not being an uncommon condition. Pregnant women were diffident in saying that they were not consuming special foods. I soon learnt that asking about disproportionate consumption by the pregnant woman of anything particularly valued such as milk, was unfitting, since women were embarrassed to admit that such luxuries were not afforded. In the couple of times that I asked in initial interactions I sometimes heard a face-saving response '*I had some milk in tea*'<sup>155</sup>, at others women were frank to say it was unaffordable.

Yet irrespective of resource availability, the criticality of nutrition for the mother and growing foetus is underappreciated. The antenatal consumption of the ICDS nutrition supplement, locally the '*powder*', was rejected by pregnant women in Nariar, including Kalpana, who was quick to rubbish it. There were several reasons for this wide disinterest in the supplement including a degree of perhaps not entirely warranted distrust in its quality [I elaborate in

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<sup>155</sup> From Rashmi (CS HH Sahu-1) who belonged to the relatively well-off Sahu household of the ex-Sarpanch (even here individual consumption of milk is not heard of), and from Reetika Pardhi (CS HH Pardhi-3). The latter was unlikely to have consumed milk even in tea.

Chapter 6, Box 6.3, why the ICDS nutrition supplements – locally called ‘the powder’ are little used]. The disinterest in the antenatal intake of the supplement also reflected though that pregnancy was not viewed as attention worthy for special nutrition. From observations and testimonies, apart from some adjustments for palatability, by and large, little changed during pregnancy with respect to either dietary intake or women’s work.

This question relates to overall resource allocation. Firstly, across all social classes, in recent years, money is mobilised to meet the spiralling costs of weddings<sup>156</sup>. Second, alcoholism is known to be a resource drain, and many engage in the gambling racket *satta*. Groups of men huddled together at the street corners engrossed in *satta* activities is a usual sight and this earns men in occasional women’s jokes the reputation of being wastrels having no more worthy occupation<sup>157</sup>. Given these observations it could be validly argued that resources be differently prioritised to favour more frequent consumption of milk for instance. There is also another dimension of culture, not cultural beliefs on food, but inflexible gender division of labour as we show in Chapter 4 that influence proximate indicators of health and nutrition in pregnancy, by influencing in the case of the Pardhi pregnant women, energy expenditure (in weeding activities or lifting water for instance) during this physiologically stressful time.

## 5.6: CONCLUDING REFLECTIONS

In Nariar, while cultural beliefs on food ‘proscriptions’ are almost certainly of little consequence for pregnancy, the problem here from the point of view of biomedicine is more that diets are overall lacking in nutrient rich foods and that there is little improvement in diets during pregnancy, for which there are both cultural and economic reasons. Overall there is the question of economic access to nutritious foods. From observations it appeared though that if the criticality of quality of nutrition in pregnancy was internalised, perhaps maternal diet would be better prioritised. Yet foetal growth is complex and at the village level the links between maternal dietary intake, quality of diet and birth outcomes are not always apparent or viewed as unidirectional. Thus while there is a general recognition that a nutritious diet is

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<sup>156</sup> I illustrate in Chapter 4 how marriage exchange is changing and material costs are increasing. Dowry being ‘non-existent’ before, it is now very much a reality in household status competitions.

<sup>157</sup> I analyze in Chapter 4 how traditionally this rice-farming belt has been predominantly dependent on women’s labour for much of the farming activities, and men have in the past had less of a role to play, and hence more time on their hands, though this is changing now.

beneficial in pregnancy, it is not easy to infer cause from outcome at the individual level. This is understandable, since in everyday experience, a child with particularly low birth weight at term may be born to a mother who may - relatively speaking - not be the most undernourished or from a resource poor household, and children of women who are of small stature and thin may do unusually well on birth weights and even in growth from subsequent breastfeeding. To take two examples that illustrate the imperfect relationships:

In a distressing case from the neighbouring village of Nimgaon, a woman gave birth to a child that had very low birth weight. There was no apparent reason why this child which the family believed was born at term to a mother who by all signs was not especially disadvantaged, weighed just 1.5 kgs<sup>158</sup>. In another case from the Pardhis despite Sumana's small stature (she was arguably the smallest woman in Nariar, weighting 35 kgs and about 4'5" tall), and despite conceiving unplanned at a time of physical and psychological duress and close at the heels of her firstborn Tulika who she was still nursing, Sumana's second born, by all reports was doing well<sup>159</sup>. Clearly at the individual level, the relationship between incomes, maternal diet, rest in pregnancy and birth outcomes is imperfect and not always predictable, making, perhaps, the links between prioritising maternal diet for its links to maternal and child growth outcomes less obvious within the village, though at the population level we know the importance of these variables to health and nutrition outcomes.

Moreover, the most convincing biomedical evidence on maternal diet and improved birth outcomes is on the benefits of consuming *micronutrient* rich foods in pregnancy – such as the consumption of green leafy vegetables, fruit and milk (Rao 2001). The consumption of these foods as we discuss before though has a clear relationship to economic status. While evidence points to some benefits of balanced protein-energy supplementation – in Nariar this means in essence more rice - for foetal growth and birth weights (Kramer 2000; Imdad et al. 2012), there is lack of consensus on many aspects of protein energy supplementation on the extent of its benefits, on the what, when, how and whom to supplement. Importantly, questions continue to be raised on the 'to what effect' or the functional consequences of any increased birth size (Kramer 2000; 2011). Yagnik and others point in particular to the fact that Indian children while being thin at birth are known to be more adipose (i.e. with greater fat mass at birth than children from countries of the west, and 'muscle-thin' and that

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<sup>158</sup> This was cause for an enormous economic shock to the family whose savings and borrowings were drained by the Neonatal Intensive Care unit of a private hospital in Raipur. The parents ultimately decided to bring the child back to the village against advice (since costs were high, and the family judged the child was too weak to survive) Back in the village, given the inability to nurse the child adequately, it died within weeks.

<sup>159</sup> [Source CS HH Pardhi-2- I have not seen the second child, but Sumana's mother-in-law reported that the second child was chubby compared to Tulika who was viewed as being particularly small.

catching-up too fast may make them more so – adding to fat mass rather than to bone, muscle and other more important tissues with potentially unfavourable consequences (Yajnik 2003; Yajnik and Deshmukh 2008). In sum, the science is unclear at the individual level; at the population level too there are no perfect answers on nutrition recommendations that may improve birth, child growth and functional outcomes. There is some consensus though on the value of gestational consumption of micronutrient rich foods. With some qualifications it appears then that ‘eating more of the same’ in the context of Nariar, while it may go some way in improving weight gains and birth outcomes, may not have the same positive consequences as significantly improving quality of diets of pregnant women and women across the reproductive cycle would, and this latter has much to do with affordability and overall community diets.

In conclusion it could be said that during pregnancy, cultural food rules have a limited bearing on nutrition, in that beliefs on food avoidance are inconsequential to foetal nutrition, and ideas on eating down effectively absent. Yet cultural ideas that link maternal micronutrient supplements to a ‘too large baby’ indicate that eating down was valued. What the nutritional implications of micronutrient pill avoidance are is unclear from the perspective of biomedical science, and therefore cannot be unambiguously labelled as ‘wrong’ behaviour. There is a need for a greater appreciation for the role of gestational diets for maternal and child growth and also some scope for better prioritisation of household resources towards a pregnant woman and her unborn child’s nutritional needs.

## Chapter 6 POST-PARTUM AND INFANT NUTRITION IN NARIAR

### 6.1: INTRODUCTION

While our conclusions in Chapter 5 suggest that for the period of pregnancy, cultural beliefs on diet have a limited implication for gestational nutrition, in that they do not 'restrict' food intake during pregnancy though importantly they do not encourage better nutrition either, we discuss in this chapter that cultural beliefs on diet and health have a more significant bearing for maternal nutrition in the post-partum period and for infant nutrition. Other ethnographic works on nutrition also reveal that diet is altered significantly in the post-partum period (Jeffery et al. 1989:77-78; Van Hollen 2003:169-179; Ferro-Luzzi 1980: 109). In Nariar, a variety of food proscriptions are observed by the mother in the post-partum period with the aim of protecting the interests of the mother and young child. Similarly, cultural beliefs play an important role in shaping infant nutrition. What bearing do these ideas have on nutritional outcomes? Is it appropriate to classify cultural beliefs at variance from biomedicine, as 'incorrect' or 'wrong' reflecting irrationality and ignorance? Further, what may be the implications when deep-rooted and systemic beliefs on nutrition encounter rapidly changing and biomedical forms of reproduction?

Going forward I discuss in Section 6.2 common practices relating to birthing and the post-partum, and implications of ideas on maternal diet. In Section 6.3 I pick up the case discussion of Kalpana's pregnancy from the previous chapter, following it through to her daughter Radhika's birth, the immediate post-partum period, and into the first few months of life. The case is illustrative of considerations that shape reproductive health and nutrition decisions. Importantly, it also illustrates the accentuation of held beliefs on post-partum nutrition in the incidence of birth via a surgical procedure. I move in section 6.4 to a discussion of infant nutrition, and to questions of introduction of foods complementary to breast milk. In Section 6.5 I draw conclusions.

## 6.2: POSTPARTUM MATERNAL DIET: ‘TO EAT OR NOT TO EAT’?

### Cultural beliefs on maternal diet in the post-partum

*“After the baby is born everything is restricted (‘sab bandh’). Only foods that are ‘hot’ should be consumed, and ‘cold’ foods should not be consumed, as consuming cold foods has an influence on the health of the child”*

[Rekha CS HH Satnami-7 - on post-partum maternal nutrition rules]

*“I of course could eat it, but it should also be digestible to her is it not?”*

[Kalpana, CS HH Satnami-8 - on being asked about her consumption of the much-valued meat, and explaining her eating it in moderation at the time when she was breastfeeding three month old Radhika]

*“Even if you feel like eating you should not.”*

[Rupa, CS HH Satnami-4 mother of infant Nikhil on the best practice of eating down during breastfeeding]

*They say that the mother’s body will dry [if you avoid rice]*

[Lakhmi, CS HH Satnami-6 – mother-in-law on the rationale for avoidance of rice, and eating, and avoiding rice in particular for the first weeks post-partum]

*“Amongst us, we give food immediately, we give rice, water - ask the mother to drink water ‘to her fill’ - we give vegetables, chicken, dry fish –everything, we give food quickly (to the mother) or else the cold will set in.”*

[Akhila Bai CS HH Pardhi-4 – on post-partum maternal nutrition amongst the Pardhis. Note that the Pardhi quote does not share the idea of post-partum maternal eating down]

After the birthing, which for most women is conducted within their homes in a room separate from the kitchen<sup>160</sup>, often aided by Dinaram’s *sui* or oxytocin injection, and attended to by a *suiyan* and other women of the household or habitation, a period of post-partum ritual confinement begins. Apart from being a stage of rest and repose following the trauma of birthing, this confinement also marks a period of ritual pollution, though pollution considerations are less stringent in Nariar compared to accounts from other parts of the

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<sup>160</sup> Older women remarked how in earlier times the birthing room was separate from the main house itself, perhaps in a tent or other construction, since childbirth was polluting. Now though, apart from a group of Pardhis migrating into the village annually for about 2-3 months (distinct from Nariar’s resident Pardhis) who have the mother live in a separate birthing tent, for all else the birth room was inside the house.

country<sup>161</sup>. Importantly, the act of assisting in childbirth is not considered particularly impure, polluting or degrading (I describe as an illustration in Annexure 5, the noteworthy social position of Savitabai, Nariars' longstanding *suiyan* who is a village matriarch-like figure). In the early days post-partum, another woman, often a *bahu* from the extended family (wife of the brother of a woman's spouse) takes over the mother's household responsibilities such as cooking, leaving her and the newborn largely secluded and unburdened with household duties until the 5<sup>th</sup> or 6<sup>th</sup> day post-partum about when the umbilical cord or *nerva* falls. This signals perhaps the crossing of a threshold, the end of the period of extreme vulnerability. The end of confinement is usually also marked by the *chatthi*, an essential public celebration surrounding the birth of the child, and signalling the end of ritual pollution<sup>162</sup>. The word *chatthi* literally translates into 'sixth', but this day is not binding and festivities can be held any time after the *nerva* has fallen though the *chatthi* is usually held within about a month of the birth. If the *chatthi* is planned for later, the mother's confinement nevertheless ends with a purificatory bath about the 5<sup>th</sup> or 6<sup>th</sup> day when the *nerva* has fallen – a confinement shorter than in other parts of the country - and she resumes household activities, including accessing the hearth and cooking<sup>163</sup>. I move now to consider here the practice of breastfeeding in the immediate post-partum for its public health implications, before moving forward to a discussion on maternal nutrition and infant feeding.

The many benefits of breastfeeding for child survival, health, nutrition and development are widely recognised, and biomedical scientists are unanimous in their recommendation of breast milk as the ideal food for young infants. Following broad-based scientific consensus, the World Health Organisation recommends exclusive breastfeeding for the first 6 months of life<sup>164</sup>, and while there are occasional questions raised on the ideal duration of breast milk as the 'exclusive' food for infants, the value of breast milk as the best source of infant

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<sup>161</sup> See for instance Jeffery et al. 1987 and articles in Rozario and Samuel ed. (2003).

<sup>162</sup> The idea of pregnancy and childbirth being polluting is common in India and across its borders. However compared to other accounts from northern India pollution considerations are less stringent in Nariar. The usual separation of the setting of delivery from the household hearth, a woman's short confinement and the purificatory bath marking its end, as well as other rituals for some castes such as involving a *nai* barber and a *dhobi* or washerman on the *chatthi* to cleanse the birth related impurities (through a shave/barbering and washing of household linen) all reflect considerations of pollution. But these are limited external manifestations, and they do not have an overbearing influence on other aspects of life, such as people-to-people contact of the mother/child. Further, the period of confinement is also short, and the *chatthi* viewed more as a celebration than a marker of the end of ritual pollution.

<sup>163</sup> This confinement is much shorter than the longer time spans and 40-day norm, usual for many, including the poor in parts of North India, which also signals that for Chhattisgarhi women the period of absolute rest post-partum is brief, perhaps because they play economic roles in economic production.

<sup>164</sup> It is argued that breast milk provides all the required vitamins and minerals for the first 6 months. See Kramer and Kakuma 2009.

nourishment universally is little contested<sup>165</sup>. Colostrum, or the form of milk that is secreted in the first few days post-partum is particularly valued for its high protein content, and for the antibodies it carries. There is further forceful evidence linking the initiation and duration of breastfeeding with child survival, especially in the vulnerable neonatal stage. Initiation of breastfeeding within a few hours of birth can prevent common neonatal infections and improve survival rates (Huffman et al. 2001).

Data from DHS surveys as well as from Indian studies indicate though that while most women in India do breastfeed in the early month's post-partum, breastfeeding practices vary in important ways from biomedical recommendations. Importantly, the practice of discarding the critical colostrum or first milk is common in many parts of India, as is the feeding of pre-lacteals to newborns. Colostrum is often viewed as impure, and sugar water, honey or animal milk is a common feed for newborns, administered through the medium of a cotton wick dipped in the substance (Srivastava et al. 1994; Jeffery et al. 1989). These practices are sub-optimal from the perspective of nutrition, hygiene and newborn health.

In this background, it is important to note that ideas on breastfeeding in Nariar for the most part conform to biomedical recommendations. Ideas about human colostrum as an 'impure food' - linked to its being discarded or the value placed on introducing pre-lacteal feeds are absent here. I discuss further in this chapter that occasionally women refer to not being able to nourish newborn infants optimally, because of lactation failure (related perhaps to the weakness ensuing from the practice of the mother abstaining from food or eating down in the first few days post-partum). However, the attempt across communities in Nariar is to put the child to the breast as soon as possible after birth, and to nurse exclusively for 6 months and often near one year. While infant feeding practices differ from bio-medical recommendations as I elaborate further on, particularly in section 6.4, so far as breastfeeding and its initiation is concerned they are in accordance with biomedical recommendations.

Moving to a discussion on maternal diet in the post-partum, it is important to note that dietary restrictions and food taboos are especially stringent in this stage, and while most exacting in the first week after the child is born until about the *chatthi*, they are significant all through the first year of a child's life. Every woman with a young infant in Nariar *without exception* was observing post-partum dietary restrictions, which speaks for their pervasiveness and deep roots. Three considerations shape post-partum maternal diet. There is the concern of the physiological vulnerability of the mother-child dyad, who in the immediate postpartum, are

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<sup>165</sup> It has been argued that the recommended six-month period of exclusive breastfeeding may be excessive for the context of developed countries, where complementary foods may be needed sooner. See, for instance, Reilly and Wells 2005; Fewtrell et al. 2007, 2011 for a discussion on the optimal duration of exclusive breastfeeding.

regarded to be especially vulnerable to the cold, loss of heat and to illness. There is the consideration of 'healing the internal wounds' that the birthing process is believed to inflict on the mother. Finally the longer-term third consideration, to safeguard the breastfed infant - whose wellbeing is inextricably linked to the mother's health and diet - from illness, such as the dreaded cold, cough, fever and indigestion.

Traditionally for the first few days post-partum, the practice for all communities except the Pardhis, i.e. for the SC Satnamis and the OBC Yadav's and Sahus has been for the mother to consume absolutely no food, except for a homemade 'medicine' or *davai*, a *ladoo* twice a day, primarily made of ginger, jaggery, dry fruits, coconut and a range of other spices believed to have heating properties, and expected to rebuild strength chiefly in the hips and lower back, most weakened by the birthing process. Apart from this *davai*, essential consumption that even the poorest households organise, the idea amongst all caste groups is very much to keep the woman 'empty stomach' or (*khali pet*) in the immediate post-partum, also limiting her consumption of water for the first few days. (The water is boiled and consumed hot or warm during this stage.) The conception is that the mother's body post-partum was 'cold', 'wet' and 'wounded' and that keeping food, and especially 'rice' out would help it 'dry', 'heal' and expel any remaining birth related impurities. In the immediate post-partum then, a consideration is the recouping of maternal health and bodily equilibrium. Older women habitually recounted how in the 'earlier days' they ate absolutely nothing for 5 days. One animated account illustrating how strict rules were, described how mothers driven to desperation were reduced to drinking secretly the 'too dirty for human consumption' water they might find put out in the cattle trough (I don't vouch for the verity of the actual incident of drinking water for cattle, and this example is not to illustrate common non-adherence to food rules, but to paint a picture of the levels of desperation that stringent restrictions could breed). It is at the *chatthi* that women traditionally had their first meal, and resumed consumption of the staple food, rice. They continued to follow the principle 'the emptier the better', and 'eating less than a full stomach' (*kum kum khana*) beyond the *chatthi* and only gradually resumed their usual diet, starting with one regulated meal a day from about the fifth day, and gradually resuming 'eating to a full-stomach' (*pet-bhar khana*) between 1-2 months post-partum.

In the Nariar of today rules are marginally relaxed and many women I met were allowed small amounts of *roti* – (a flat Indian bread) and biscuits (both wheat-based foods, and importantly, not rice-based), along with hot tea sometimes within a day or into the second day after the child is born, and women resume eating in small amounts, for one meal a day, the staple food *khana* or rice from the third day on. We see then that concessions are made. Older women speak of how women of today, unlike their own generation are 'too weak' and

unable to manage the 5 days without food, yet also concede that in light of the post-partum weakness, which is increased from food abstinence, feeding the mother something is perhaps better than nothing at all. Despite this concession, which, in essence, amounted to the allowance of tea and biscuits and the absolute denial of food for a shorter period rather than the full 5 day time span - the ideas that the staple food, rice or *khana*, is to be avoided holds strong and women continue to eat 'less than full stomach' for a significant stretch of time and consume the staple rice '*ek time*' (once a day) in the afternoon. They have an insignificant second evening meal and only gradually resume a diet that is '*pet bhar*' or full stomach, about two months post-partum.

While the Pardhis share many cultural beliefs on diet with other communities – the Sahu, Yadav and Satnamis - there is one important point of difference on the question of post-partum maternal nutrition. All communities, Pardhi, non-Pardhi alike perceive the postpartum maternal and infant state as being vulnerable to the cold, and all adhere to restricting maternal diet to hot foods, and avoiding of specific foods believed to have cooling properties through much of the first year post a child's birth. Both communities also share ideas on infant feeding (as we discuss further in Section 6.4). Yet the Pardhi do not share the view common to other groups in Nariar regarding food abstinence in the early days post-partum, or the principle that the 'emptier the stomach the better' common to all non-Pardhi groups. They do not share the idea that food in the stomach, in the post-partum period will impede the mother's full recovery from the internal wounds of delivery. The Pardhis instead speak very much for the importance of feeding the mother quickly with a view to help her regain health and aid her in nursing her child. Apart from emphasising the value of feeding the mother in aiding her to gain heat, they also view feeding the mother as essential for breast milk production.

*"It is when the mother eats, that her breasts will fill up with milk"*

[Akhila Bai CS HH Pardhi-4]

Given this they serve the mother a meal within a few hours post-partum, keeping to foods classified as 'hot', and aiming to include nutritious foods such as drumstick or dry fish (over fresh fish considered 'raw' for consumption at this vulnerable stage), which are viewed as enhancing to the production of *goras* or breast milk. Importantly 'rice' which is at the core of post-partum eating-down behaviour for all Non-Pardhi's is also served soon after birth<sup>166</sup>.

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<sup>166</sup> This is interesting to note since post-partum maternal eating down has been seen in work from Southern states (Ferro-Luzzi 1980; Van Hollen 2003) for Tamilnadu, as well as from my own examinations in the context of Karnataka and Andhra Pradesh). Chhattisgarh sharing this idea of maternal post-partum eating down, tells us

Apart from considerations of healing internal wounds and protecting health in the postpartum, food restrictions are observed to protect the wellbeing of the infant, and here the mother must make a personal sacrifice by a) eating down specific foods in the interests of the child's ability to 'digest' breast milk, for instance eating down the valued 'meat' which being a 'hot' food is not banned, but is viewed as difficult for the infant to digest and b) by absolute abstinence from certain foods –foods that are 'sour' and a wide range of foods classified as 'cold' into the first 6 months post-partum, and oftentimes yearlong, with a view to protect the child from illness. It is important to stress how deep-seated this dread of child illness, especially the child catching a cold was. I would ask sometimes in general chitchat with women somewhat disingenuously about why a lactating mother should not eat the banana or yogurt or green leafy vegetables or drink cold water (all strong avoidances). The reaction to this question was always quite striking, since it usually prompted a complete change in atmosphere and mood of the conversation. The tone of the conversation came down to a hush. Suggesting incomprehension that I should be even asking about this truism, I would be told about the very serious matter, the dreaded – '*sardi*' '*bukhar*' or 'cold' and 'fever' in a newborn or infant child. Similarly, there were fears of a child developing indigestion '*pacho nahi saki*' from the mothers eating too much or inappropriately. This idea of avoidance of foods with cooling properties is shared by Pardhis and non-Pardhis alike.

**Table 6-1: Listing of common foods for their hot and cold properties**

Hot	Cold
Meat	All sour foods
Dried Fish	Raw Fish
Milk	Aubergine
Vadi – dried lentil balls	Almost all Green Leafy Vegetables
Drumstick – Munga Bhaji and Drumstick leaves.	Chinchinya Bhaji – a leafy vegetable
Lentils	Banana
Wheat Biscuits	Yoghurt
Tea	Tomato
Khari – type of biscuit	Cold Water
Roti (wheat based)	Lauki - Gourd
Karela	Onion
Egg	

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something perhaps of the regions alignment with practices of southern states. The Pardhis not sharing this idea – of maternal post-partum eating down - may have something to do with their geographical history as a community and their itinerant past (their language or *boli* they report shares some aspects with Gujarati (Indo-Aryan) and not with the main adivasi language of Chhattisgarh, Gondi (Dravidian roots). Is there a North-South (originally rice/non-rice) divide in ideas about certain ideas surrounding maternal food avoidance in the immediate post-partum? This is a conjecture that would be interesting to examine more thoroughly from a geographical mapping of cultural food beliefs, their commonalities, and differences.

**Table 6-2: Length of food avoidance/abstinence for different foods in the post-partum**

<b>Rice</b>	Not commonly voiced as 'cold', but is avoided in the post-partum by all except the Pardhis as it may prevent a woman's body from drying. Rice is abstained from for 2-3 days post-partum and eaten-down for about 3 weeks or upto 3 months in case of a surgical procedure. Pardhis don't avoid/abstain from rice.
<b>Most Green Leafy Vegetables</b>	All green leafy vegetables are strictly abstained from in the early months post-partum, and most till the end of the first year. Chinchinya Bhaji, Karmata Bhaji and a range of others (avoided till 1 year) Spinach ( <i>Pala bhaji</i> ), and Red bhaji ( <i>laal bhaji</i> ), are allowed (with some hesitation), in the 9-12 month range post-partum.
<b>Sour foods</b>	Strictly avoided for about 1 year
<b>Tomato</b>	Some reported avoidance for 3 months, others were observed to be avoiding until 7 months
<b>Brinjal, Aubergine and Yoghurt</b>	Abstained from for much of 1 year
<b>Banana</b>	Assiduously abstained from as seen to cause the dreaded 'cold', till end of 1 year. Amongst fruits it is a commonly available one, so it could have nutrition implications
<b>Cold water</b>	Avoided for about 15 days to 1 month post-partum depending on the season and weather (Cold/Rainy seasons – drink hot water)
Interestingly, an <b>Ice lolly</b> may be allowed in warm weather, since it does not have the same 'cold' inducing properties but only cooling properties. Pardhi 1-2 year olds may eat grapes, which is 'cooling' but not cold inducing, but no 'banana'.	

What may be the implications of these dietary practices for nutrition and what is the environment within which they are embedded? Clearly there are implications for maternal nutrition and health of the 'sacrifice' a mother makes in the interests of her child, by 'eating down' over a few months (for the non-Pardhis) and 'food avoidance' at a time when physiologically the demands on her body are greater. Her dietary behaviour, and eating down of animal source proteins, and micronutrient rich foods such as a range of vegetables, fruits and importantly a wide range of greens or *bhaji* known to be rich in micronutrients is likely to have some implications for quality and quantity of breast milk and for availability of micronutrients therein, though there remain from the perspective of biomedical nutritional science, important evidence gaps and lack of understanding on maternal status, the composition of human breast milk and its effects on infant status (Allen 2012)<sup>167</sup>.

Given, as we saw in Chapters 4 and 5, that high fertility with 8-10 children was common just a generation ago, this means that over a considerable stretch of the reproductive years, women have been physiologically strained – are pregnant or lactating, and have been eating

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<sup>167</sup> Lindsay Allen for instance discusses that there are many uncertainties, and important gaps in bio-medical evidence, on the nutrient quality of human milk, how it is affected by maternal status and how it may affect infant status. It is assumed with inadequate study she says, that poor breast milk quality does not play a major causal role in the widespread growth faltering in developing countries over the first year. Poor infant micronutrient status at 6 months, tends to be attributed without study to substitution of breast milk to nutrient poor fluids and foods, low birth weight or morbidity (Allen 2012:362).

down and avoiding foods. In many cases though, women appear to do remarkably well in handling breastfeeding in the early months- despite eating down, and food avoidance in an overall environment of limited nutrient rich foods. It is occasionally held that breastfeeding adequately in the first few days post-partum is a challenge. Conceivably, both from the perspective of biomedicine, as well as that of my informants – this was because of weakness ensuing from birthing, coupled with food abstinence, and limiting of water in the immediate post-partum:

*Earlier they would have another woman breastfeed the child (in the early days) as the mother did not have enough milk.*

[Ashuta – a grandmother from the neighbouring village of Nimgaon. Quote in conversation with Ashwini from Nariar (CS HH Sahu 1), who had an MA degree and had received for the context good quality training on reproductive health. Ashwini also agreed that earlier breast-milk production was limited in the immediate post-partum, and that this possibly resulted from the stricter and longer term – about 5 days- food abstinence in the post-partum].

While it is plausible that breast milk production is limited by the weakness ensuing from strict food abstinence over a few days immediately after birthing, it is difficult to comment unequivocally on factors influencing breast milk production in the early days post-partum, and on the extent to which breast milk production is affected by post-partum eating-down. Breast milk production on the first day post-partum is known to be of low volume, and for the first 3-4 days it is in the form of the nutrient-dense ‘colostrum’ that has been produced and stored through pregnancy. It is usually between the third and sixth days that breast milk is known to ‘come in’ and its production enhanced, and further the child’s requirements in terms of breast milk volume are also limited in the first few days.

In summary, post-partum eating down and food avoidance go some way in influencing maternal health, though the implications of maternal eating behaviour for infant nutrition on the whole are unclear, since biomedical research is scanty on how the quality of human milk is affected by maternal status, and how it influences infant status. There is another aspect of nutrition behaviour, and its ‘deep rootedness’ in the context of Nariar, that is worthy of consideration. This relates to the possible negative implications of increased medicalization of reproduction in this context, since biomedical recommendations on nutrition are slower in receiving acceptance than biomedicine as ‘medicine’. To illustrate I carrying forward the discussion of Kalpana’s pregnancy into the first few months of her daughter Radhika’s birth.

**Photo 6-1: Food prepared for Paresh's chatthi – rice, dal, and sabji**



**Photo 6-2: Paresh's family sit at the puja for chatthi while the Satnami priest speaks into a mike**



**Photo 6-3: Savitabai and Sumitra the village suiyan – are guests at the chatthi**



### 6.3: ENCOUNTERS WITH BIO-MEDICAL CHILDBIRTH: *THE BIRTH OF RADHIKA*

At the time of delivery, the *suiyan* had said that the signs were not good – water broken but no pain – and that it was best to take Kalpana to the hospital. Had the onset of labour looked normal, they would have preferred a home birth, but now they took her to the private maternity home ‘Priya Multi’ at the nearby block headquarter, also the place where Kalpana had received antenatal care through the pregnancy. Staff suggested that she be ‘admitted’ for delivery. Thinking about the costs, which present a serious economic shock<sup>168</sup>, they decided to check at the local government hospital, the Community Health Centre (CHC), also located at the block headquarters. Here like in many other government CHC’s, staff and facilities were not available and Kalpana was given a referral to the main state-level government hospital in Raipur. The delivery there would be free of cost and transport there would also be arranged free they were advised<sup>169</sup>. Harish weighed the pros and cons. He considered the prospect of Kalpana having to travel to Raipur at this delicate stage. Additionally he considered the costs of food and travel between Raipur and Nariar over the next few days and their unfamiliarity with a large government hospital where they did not have, as he put it, a *pehchan* or ‘connection’ with staff (viewed as critical to getting good service). There was further the question of arranging for someone appropriate to accompany Kalpana and stay with her at Raipur. These factors, and a further consideration, as Harish put it, if they were ‘paying’ for services they could make ‘demands of the nurses’, have the ability to ‘speak’ (*bol sakte*) or ask them to better attend to the patient, compared to at a government hospital where they were not paying but under the whim or discretion of often insensitive government staff<sup>170</sup>. Weighing these considerations, they decided in favour of the nearby ‘Priya Multi’ nursing home.

On November 27<sup>th</sup> 2011 Kalpana gave birth to her daughter and Harish’s third, ‘Radhika’. All was well and the birth weight a healthy 3 kg. However, Radhika was born by way of the much feared ‘*bada*-operation’ or the Caesarean section, and the time of her birth fell in the inauspicious *Mool Nakshatra*/Constellation. The *Mool Nakshatra* meant little except for the observance that the father must not see or hold the child for 21 days post birth to cover for astrological effects of this bad timing<sup>171</sup>; the *bada*-operation birth had a conceivably wider implication as we see further.

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<sup>168</sup> Usual costs for a C-Section delivery at Priya Multi- treatment + travel, food and so on - comes up to 25,000 (£250 in 2014, about £300 in 2012 before the rupee fell drastically), and this is a very high sum for even the well off in Nariar, though not uncommonly spent.

<sup>169</sup> Public hospitals often do not have the doctors or facilities to manage a complication at block hospitals—but institutional delivery is a priority (to also meet MDG goals) and they cover for transport.

<sup>170</sup> Government hospital staff is known to be insensitive to the poor (though public hospitals also face many challenges- overcrowding, management and administrative problems, limited funding and supplies).

<sup>171</sup> It appeared to me (though I qualify that I have not sought data on this specifically or widely) that this observance of birth-time and *Mool* (going by the Vedic understandings of astrology) was unusual in Chhattisgarh for the Satnamis, who have historically been low castes. In fact for many castes the time of birth did not appear to be of significance. Harish or his family was not aware that the child was born in *Mool*, but was told by a priest later after he had already seen the child, which is when he began to keep the temporary distance. Further, it was not common to hear in Nariar across castes about the Nakshatra within which children were born. This is perhaps reflects the general processes of Sanskritisation.

I met Kalpana back in Nariar with Radhika 9 days after she was born. Kalpana's mother had been living with her in Nariar to help with the baby and had been managing the housework such as washing of clothes, an illustration of the support that natal kin provide to daughters literally within their conjugal homes. It was still early days for Kalpana recovering from the stresses of birthing. At the hospital they had kept her off food and water for the first 24 hours (nurses share views about post-partum maternal eating down), and back home all the rules on food avoidance were especially fortified, despite the doctors counsel '*bharpur khao*' or 'eat to your full'. Dealing with the recovery from the '*bada* operation', and the 'greater' internal bodily damage compared to a vaginal birth meant extra precautions. '*The doctor will say eat everything, now we would not listen would we? He will even tell you to drink cold water*'. This blasphemous advice, could only be motivated by the doctor's self-interests to keep their patients returning to them, she explained.

The '*bada* operation' has implications for care. At 9 days post-partum, apart from the essential Ginger-Jaggery-Coconut *davai* (*Sooth-Gur-Narial*), Kalpana was consuming a rice meal once a day, in the afternoon and not the evening, and overall eating down (*kum kum khana*), apart from abstaining from all foods classified as 'cold' including all green leafy and other select vegetables, fruits, and sour foods. Kalpana would stick to drinking hot water for much longer than the usual norm of about 15 days, given the perception of greater bodily shock of the 'big operation'. Meat was allowed, but 'with consideration' (*dekh dekh ke*), i.e in moderation since it should also be digestible for the child '*I could of course eat it, but it should also be digestible to the child is it not?*'

When I met them a month since the birth (Jan 7<sup>th</sup>) Kalpana had lost much weight – with Radhika breastfeeding and Kalpana eating down. She ate rice only at the noon meal, and had a much lighter evening meal while she continued the Sooth-Gur-Coconut *davai*. On (Jan 23<sup>h</sup>) nearly two months post-partum, she had only recently begun to also have rice as part of the evening meal, while continuing to drink hot water, since in January it was still cold weather. She still ate in moderation '*full stomach, but not quite like before*' she said (*pet bhar lekin pehle jaise nahi*). The food avoidance based on the cold and sour food principle – avoidance of sour foods and cold foods- to prevent child illness would be maintained for much longer, nearly to the end of the first year. On this meeting in late January I also discovered that breast milk was proving to be inadequate for growing Radhika, and that her parents had begun her on 'Nestum', or Nestle infant formulae, making hers the only instance of formulae feeding I came across in Nariar. Apart from the financial expense and its not matching up to breast milk in nutrient composition, infant formula is difficult to use in village circumstances of poor hygiene conditions.

A few months later (August) Kalpana had missed a period and was concerned about being pregnant again - too soon. She had taken a pill she got off the counter with a view to abort<sup>172</sup>. She had thought about the IUD, but had decided against it. She 'shuddered' at the thought of the IUD being 'pushed' or displaced during intercourse. She had reconciled with the idea that if another child was to come along too soon so be it...

Kalpana's case illustrates the pathways shaping maternal health and child nutrition. As noted in Chapter 5, while efforts at biomedical monitoring of the pregnancy are not spared –

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<sup>172</sup> She may or may not have been pregnant at the time though (she could not be sure).

including in the eventuality, finding the resources for private hospitalisation and delivery, there is little prioritisation of maternal diet in pregnancy, and any prescribed multi-vitamin pills evoke fear for their potential baby-fattening influence and shaping a difficult birth. It is illustrative of the mystification of modern contraceptive methods of 'spacing' pregnancies such as the IUD, and the fear they evoke even amongst women who may have an education, and have sought out information on contraception. Kalpana despite not wanting another child too soon ends up not using modern contraception, and is resigned to having another child if she was to be pregnant again. Oftentimes an unexpected pregnancy and the physiological demands it makes, restricts production of breast milk, which means that the growth of an older child still on breast milk (and usually not receiving adequate nutrients from solids as we discuss further in this chapter) may begin to falter<sup>173</sup>.

Notably this case tells us that views on post-partum nutrition, which as we see are widespread and resistant to change, are enhanced in an environment where childbirth is via surgical procedures, a now increasingly common situation. This accentuated-eating down is noteworthy to consider. It is of course tricky to draw an outright causal link between Kalpana's dietary behaviour, and her inability to breastfeed Radhika. Yet it is plausible that breast milk production is reduced by long [er]-term post-operation eating down, such that it may not meet the 'increased' requirements of a growing infant. Acceptance of medical procedures then does not entail an acceptance of biomedical nutritional advice. The enhanced and longer-duration eating-down, together with food-avoidance behaviour after a surgical procedure on the abdomen such as a caesarean section delivery is, it appears inadequately recognised by public health service providers<sup>174</sup>.

This idea of an 'operation' or surgical procedure on the abdomen requiring 'eating down' for a significant stretch of time extends beyond surgical childbirth, to other situations of surgical intervention such as the tubectomy procedure. Women eat down for a stretch of time post the procedure and casual observation suggests this has potential implications for breast milk production, especially if breastfeeding an older child whose needs are greater, since breast milk remains important food much into the second year (I discuss this further on). From one case, the tubectomy procedure, combined with ill-health appeared to influence breast milk production and the health of the infant dependent mainly on breast milk. The health of infant Nikhil, who appeared to be amongst the healthiest children in Nariar – chubby in the early

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<sup>173</sup> As in the case of Tulika from CS HH Pardhi-2. Her mother Sumana when pregnant again 'too soon' experienced a dramatic reduction in the breastmilk she was able to produce, and this had a visible effect on Tulika, who was over one year old and still virtually exclusively on breastmilk, and had not taken well to complementary foods.

<sup>174</sup> I did not, in my interactions with public health systems staff, see this as a recognised concern.

months when only on breast milk, began to falter in late infancy. Conceivably this was because complementary foods were inadequate, and his health was further affected since his mother Rupa took ill, and had the 'operation'. Rupa viewed Nikhil's deteriorating nutritional status as connected to her own ill-being, and inabilities to nurse adequately [Case Study HH, Satnami-4]. From my observations then, post-surgery eating down has some implications for both maternal and infant nutrition. This subject is underappreciated by public policy and would merit a deeper examination also from the perspective of biomedical nutrition science, particularly in the context of the reality of greater medicalization of childbirth, and the commonplace tubectomy operation.

#### **6.4: WHEN THE CHILD CAN 'CRAWL AND SIT'- INFANT NUTRITION IN NARIAR**

In the context of women's work in agriculture and its childcare trade-offs in Chapter 4, I described the incredulous reactions of women on first learning that my under one year old child was back in Raipur at a distance of over an hour away, while I was in Nariar. Following on from considering the sorry state of the child who must be 'weeping without his mother', my informants often concluded to themselves by way of explaining the source of nutrition that *'you city folk must feed 'bottle-milk'<sup>175</sup>*. I would usually go on to explain in our chit-chat that my son was in fact on breast milk but had also begun to consume solid foods complementary to breast milk, a thought that was again received as unfathomable - *how could a child so little be able to eat solids? Our children would not be able to digest them* (my son was between 9 -12 months old at the time of my early interactions in Nariar). Long after they had accepted the idea that this – feeding of solids was an accepted practice where I came from, it remained a curious point often mentioned in casual conversation to those unfamiliar with me... *she has a 10 month old child, and she says he eats everything*.

To an utterly unbelieving Pardhi grandmother, I showed a picture like I often did to the curious audience, of my 10 month son, and on viewing it she said that the healthy child did indeed 'look' like he was 'eating-ready'. This perception on stage of 'eating-readiness' is interesting to note as was another opinion voiced by her *bahu* Sumana, whose daughter Tulika was 2 months older than my son and fed virtually exclusively on breast milk into her

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<sup>175</sup> My son was about 9-10 months when I first met many in the village. Despite my long explanations, many women continued to think that it must be 'job' compulsions that led me to Nariar so frequently.

second year. When we happened to discuss this matter of introduction of complementary foods, forbidden for Tulika yet, Sumana had an interesting outlook in explaining the difference between the situations of our two children. Thinking aloud on this question she expressed that it may be that my child is able to eat solid foods since he was exposed to 'inside air' while for their children (speaking for Pardhis overall) it was unthinkable since they were exposed to 'outside air' and unable to deal with solids so young, and hence 'breast was best'. While she did not articulate it as such it appeared that she was pointing to the differences in vulnerabilities between our children - theirs were exposed to poor environmental health conditions (given the nomadic past the Pardhis would have historically had minimal shelter and accessed poor quality water). I return to both these points again.

As already noted, the mother and infant are perceived to be inseparable given the infant's reliance all but exclusively on breast milk for the child's first year and the child continuing to be nursed well into the second year. That 'breast is best', or that breast milk is optimal and safest (from the point of view of infant digestion) is believed by proponents of biomedical science as well as by holders of *emic* viewpoints. In Nariar though it is viewed as the safest food for a significantly longer duration than the 6 months recommended by the WHO<sup>176</sup>. Further, as noted, fears about the child's inability to cope with foods other than breast milk are widespread. Across all social groups, there is the anxiety about an infant's inability to digest solid foods, and foods complementary to breast-milk are only introduced when the child shows an interest in foods that others are eating. The signs of eating readiness are described to be when the child *'on his own' attempts to pick the food from a plate and put it in his mouth*, about the time *'when he can sit, crawl and attempt to pull himself up to standing position'*. In the context of Nariar this is near one year of age. Women were animated and consistent in the description of both criteria, the child's physical development, and outward signs of 'showing interest' as cues of food readiness.

Consumption of any foods apart from breast milk, certainly for children up to 9-10 months of age are token. On a good day a 9-10 month old may chance to eat 1-2 Parle G biscuits, a piece of fruit or savoury snack and/or a couple of tablespoons of rice, apart from breast milk

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<sup>176</sup> Biomedical nutrition science is categorical about few things, and recognising breast milk as the optimal food for infants is one of them. The World Health Organisation (WHO) in 2001 recommended that infants should be 'exclusively' breastfed for 6 months rather than the previously recommended 4-6 months (World Health Organisation 2001). The WHO changed its recommendation based on evidence that extending breastfeeding met infant nutrition needs and additionally offered greater protection against gastrointestinal infections. There is some debate though on the quality of breast milk and its micronutrient content depending on maternal status (Allen, 2012), and on duration of exclusive breastfeeding. Some view the WHO directive of 6 months exclusive breastfeeding as too long, especially in the context of industrialised countries. The voices calling for a review of the breastfeeding recommendations are few though, and there is not an overwhelming body of science in support of review.

which continues to be the main source of nutrition. The intake of non-breast milk foods would amount to about 100 Kcal, usually, for children about 1 year of age (roughly 35 calories each from the 2 tablespoons of rice and 2 biscuits + 30 more from anything else), and while energy recommendations are highly debated, and depend on the body weight of the child, this would be perhaps 1/7th of a child's daily energy requirements, and further this food intake is not consistent. Many children do not have these foods every day, across communities and perhaps particularly amongst the Pardhi. While the amount of calories that individual children are consuming from breast milk is hard to ascertain, there is consensus in nutrition science that after the age of 6 months foods complementary to breast milk be introduced (See Box 6.1 below on WHO guideline amount of complementary food needed).

**Box 6-1: WHO guideline amount of complementary food needed**

**WHO Guideline 5**

*Start at six months of age with small amounts of food and increase the quantity as the child gets older, while maintaining frequent breastfeeding. The energy needs from complementary foods for infants with "average" breast milk intake in developing countries (WHO/UNICEF, 1998) are approximately 200 kcal per day at 6-8 months of age, 300 kcal per day at 9-11 months of age, and 550 kcal per day at 12-23 months of age. In industrialized countries these estimates differ somewhat (130, 310 and 580 kcal/d at 6-8, 9-11 and 12-23 months, respectively) because of differences in average breast milk intake.*

Source: Guideline 5: Complementary feeding: report of the global consultation, and summary of guiding principles for complementary feeding of the breastfed child (WHO 2003).

It is safe to say that not one family in Nairar practiced 'active feeding' of the infant anything apart from breast milk, based on any fixed conception of a child's food requirements other than breast milk<sup>177</sup>. The belief is that the child is in control of his or her food needs and would seek out the mother who is available to nurse on call. The child would further display an interest for foods when he or she is ready for them (See Box 6.2 for qualified partial exception from the case of two infants). In the same vein the statement below is illustrative of the other attitude to children's consumption of solids.

*"It's better if the child eats by himself. If we feed the child we might feed too much and the child may not be able to digest it."*

[Rupa, CS HH Satnami-4]

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<sup>177</sup> The everyday efforts of many middle and upper class households in India to engage with the feeding of infants and toddlers is entirely absent in Nairar.

*[On another day, Rupa explained with an amused laugh the (for them) truism – that the child on being actively ‘fed’ foods other than breast milk would ‘poo all the time’ (tatti karthe!)]*

This explanation is telling of the approach to infant feeding beyond breast milk. While food may be offered to the child, this would usually be if the child showed interest, or if the mother wanted the child to have a taste of a treat, but the insistence on the child eating it (or something else by way of solids), as also the act of feeding the child, was viewed as unnecessary and potentially even harmful. Food offered is most commonly a biscuit that children usually show a liking for, a fried savoury snack or a couple of spoonfuls of the meal of the day shared from the mother’s plate. Importantly there is no notion of ‘feeding’ the child any fixed meal portion– women clarify that they do not feed a child ‘separately’, which means that the notion or practice of sitting a child down and feeding him or her an allocated portion is absent.

The child’s ‘will’ in the matter of food choices or eating styles is respected. I asked the head of a Satnami family, Rameshbabu - a school teacher from a household which had the enviable standing of 3 members holding a secure government jobs<sup>178</sup> (CS HH Satnami-6), about his views on the need to introduce foods other than breast milk to his granddaughter Saroja when she was 9 months old, a healthy child born through the expensive C Section delivery at Priya Multi. His response was noteworthy. His view was that she could and should be given complementary foods, but that Saroja did not show interest, and hence so be it.

In one of my early conversations with Sumana, the young mother from the Pardhi community, about the physical act of feeding her daughter Tulika, Sumana’s natural response was *‘how would you like it if someone was to feed you?’* [Referring to the act of someone putting food in your mouth]. This response indicated that there was an underlying if not always expressed idea that the act of feeding a child when they may not be seeking out food themselves was perhaps disrespectful. At another time in the same household when Tulika was older, I observed an occasion where she was given a dry savoury snack. Tulika promptly tipped her bowl with the snack over onto the mud floor of the house, and began to pick the snack off it as she ate it. Her father Tejas rather than seek to discipline on hygiene or good practice, explained to me how this was the characteristic way in which his daughter chose to eat, that this was her (I took it to mean) ‘style’. It was also common to hear that mothers felt children were doing better i.e. looking healthier and less skinny - when they

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<sup>178</sup> To be a teacher is the dream job in Nariar – it provides a secure enviable salary transforming of economic position.

were *'eating on their own'*, which was when they had moved onto consuming solid foods regularly of themselves usually into the second year<sup>179</sup>.

#### **Box 6-2: Cerelac gets a foot in the door**

While I had some familiarity with families of most children in the village, I came across only two families in Nariar, both from economically upper classes, who reported feeding industrially processed follow-on foods (Nestle commercial food supplements) in late infancy.

*We give this food as it is 'good' for children.* In both these cases too there was not a set feeding frequency or notion of appropriate quantities and variability in use of this commercial weaning food. Yet it is important to note that the expensive (for this context) commercial baby foods, took precedence over the ICDS supplied weaning foods, which not one infant in Nariar consumed.

#### **Box 6-3: Taking home the 'powder' – or how the ICDS supplements cut no ice**

Many in the village did not bother to pick up their entitlement of a weekly packet of the 'powder' from the centre (a weekly supplement is distributed for children between 6 months and 3 years of age, and to pregnant and lactating women). The supplement was sweet, reasonably agreeable and older children, 3 year olds and above did eat it cheerfully. For households who did in fact collect the supplement, it was certain that those most excluded from its consumption were indeed those that the supplement sought to target – young children it was intended as a weaning food for, and women both pregnant and lactating. The attitudes to the consumption of the supplement was casual though, and it was mainly older children and others adults in the household who would consume it.

The reasons for low consumption of the supplement are many and interrelated. One they reflect what can be called an overall societal anxiety about 'indigestion', an anxiety that stretches beyond concerns for the physiologically vulnerable stages of pregnancy, the post-partum or early childhood. Consequently there is a sticking to familiar foods, particularly so in physiologically sensitive stages. Some opined that they were able to get what they may need from the 'market' and therefore did not bother with going over to the aanganwadi centre to get the powder which they did not care for [Harini, CS HH Satnami-4]. Some perceived that the powder or *sattu* (a malt) would be unsuitable or its quality suspect particularly for young children (in my opinion there was no reason for worry about the quality of the supplement during the time I was in Nariar, and I have used it on occasion as a weaning food for my own child). Pardhi women often did not make the effort to go over to the aanganwadi to bring the powder. There is, as we discuss, an across-the-board perception that the child is ready to eat foods complementary to breast milk at a stage that is much later than would be recommended by biomedicine.

Overall it could be said that irrespective of the fact that aanganwadi workers or health workers did not focus on health education to encourage consumption of the supplement, the supplement was perhaps culturally inappropriate. In terms of sheer 'interest' that communities may express, it is likely that if the aanganwadi had instead distributed eggs or fruit, it would have generated a more enthused and religious queue-up for the entitlement<sup>180</sup>.

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<sup>179</sup> Source: Fieldwork notes - Case Study HH Yashoda and Suresh

<sup>180</sup> Though enforcing these foods as maternal foods or weaning supplements would be difficult, and open to question.

Biomedical scientists agree about the need to introduce foods complementary to breast milk by 6 months of age, and while children may get variable nutrition from breast milk, WHO guidelines suggest that the energy needs from complementary foods for infants from developing countries with “average” breast milk intake are approximately 200 kcal per day at 6-8 months and 300 kcal at 9-11 months and 550 kcal per day at 12-23 months (See Box 6.1). By this guideline, children at 9 months in Nariar depending on their breast milk intake are possibly short of between 200-300 kcal per day, and continue to be short as they enter their second year since few children in Nariar would consume 550 kcal per day. Further the ICDS supplements have little place in their diets. Judged by the criteria of bio-medicine then, infant-feeding practices in Nariar are unambiguously inappropriate. Is it plain ‘ignorance’ of nutrition best practice that leads communities to stick mainly to breast milk in the long-term, only feeding complementary foods as the infant “demands”?<sup>181</sup>

While examining what has shaped cultural beliefs and feeding practices is a difficult and perhaps intractable exercise, could time-poverty in a culture where women - the main caregivers - have much work in the home and field shape feeding practices here? The transition of an infant from breast milk to other foods is, at best of times and with all resources at hand, such as clean water, easy cooking fuel, appropriate foods and appropriate storage a time-consuming and difficult process and (Pelto et al. 2003). In rural contexts, with difficult cooking fuel arrangements<sup>182</sup>, poor availability of appropriate processed or semi processed foods, and difficulties in storage, making available appropriate infant food has been a challenge. Further the activity of ‘feeding’ an infant on two-three occasions a day is time-consuming<sup>183</sup>. In Nariar, as we discuss, there was no notion of preparing special foods for an infant, no notion of feeding infants separate or defined portions, with any specific frequency or time. It is plausible that woman’s busy work lives in agriculture, as we discuss in Chapter 4, could have shaped a cultural practice where the easy and safe breast milk is the predominant food and children eat solids only when they can feed themselves. Yet women spend much time with children, including on breastfeeding a growing infant. It could be said that for much of the year, time to cook and feed an infant, even if not three times a day as is recommended, could be sought, and if infant feeding was

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<sup>181</sup> Infant demand may perhaps also be influenced by parental, peer or other behaviour.

<sup>182</sup> I note this factor not as a main but in combination with other barriers because having to light the *chula* takes away some flexibility of quickly cooking fresh food for the child, or boiling water to mix for instance the ICDS provided foods.

<sup>183</sup> WHO recommends feeding 2-3 times for a 6-8 month infant and 3-4 times for a 9-12 month infant.

prioritised others within the community apart from the mother could share this role. My conclusions echo those of Leslie, who concludes from her review of studies on maternal employment and child nutrition, that overall there appears to be little evidence of a negative effect of women's work on child nutrition and women, as we discuss in Chapter 4, combine work in agriculture alongside their nursing responsibilities (Leslie 1988).

In this context, it could be said then that cultural beliefs matter, irrespective of the economic or material positioning of the household. While many in resource poor settings in India are known to initiate adequate complementary foods late (Engle 2002; NFHS-3 2005-06; Agarwal 2008; Kumar et al. 2006; Patel 2010) there are examples that even in resource poor environments if culturally believed as important, societies prioritise complementary feeding. In the 1930s, Audrey Richards work on the Bemba in Northern Rhodesia (Zambia), a tribe whose overall diets she describes as inadequate and variable, shows a particularly striking and noteworthy contrast that illustrates how ideas can shape feeding practices even in resource-poor settings. She writes with regards infant feeding:

*“The belief that the breasts give comfort rather than nourishment is correlated with the practice of feeding infants with supplementary foods. The Bemba deny entirely that a baby can live even for a few weeks on its mother's milk alone. From the third or fourth week the infant is fed with a thin milk gruel known as ‘umusunga’. This is made in the first place by stirring a little flour into warm water held in the hollow of the hand, and later by throwing a small handful of flour into boiling water and stirring until a smooth paste... .. This umusunga is literally rammed down the baby's throat in spite of its protests. However the child may scream, splutter or cough up the food, it is relentlessly forced down again, pushed with the mother's forefinger or held in the baby's mouth while the food is stroked down his throat, as a European may force a dog to swallow a pill. This behaviour of mothers shows how important she considers the additional food. In every other respect she indulges every whim of her baby, suckling him whenever he wishes and giving him whatever he cries for, but on this one point she is firm. ‘How can the child get strong if he has nothing but the breast? Parents will say indignantly. They criticize severely European mothers who suckle their babies for six months without additional food: ‘Look at those white women! They have their cupboards full of tins of sugar and flour, and yet they grudge the baby a little food.’ ...*

*...When a child has reached the crawling age, he is allowed and even encouraged to eat everything he can. I never heard a mother trying to restrict a small child's diet, but always boasting proudly about what a lot the child knew how to eat. He is given small handfuls of food in all his relations' houses, toddling from one hut door to another. Small children are always given the remains of food not thought good enough for grown-ups...*

(Richards 1939: 69-70)

Richards carries on with more such fascinating descriptions of diet from her ethnography on the Bemba, ideas also at odds with biomedical advice, since early introduction of foods complementary to breast milk is viewed from the perspective of biomedical science to be suboptimal, and a risk factor for gastrointestinal infections<sup>184</sup>. My interest in Richards' work here though is from the perspective of noting the dramatic, and across-the board contrasts in the ideas of infant nutrition. These include perceptions of a child's nutrient requirements and the role of breast milk and other foods in fulfilling them therein, the criticality with which the act of 'feeding' the child is viewed and the ideas of the child's superior abilities to digest a range of foods, and particularly amazingly perhaps, of a child's ability to 'even' deal with foods thought not good enough for adults. The dissimilarities with Nariar of today are striking. Ideas on infant nutrition in Nariar can be summed as a) 'Breast is best' for as long as may be possible b) The child's digestion capabilities of any foods other than breast milk are limited and this is for an extended period of time c) The infant knows best about what and how much he should consume and will seek food out d) The adult must not intervene very much by way of active feeding, but leave the infant to eat as he will. The striking differences in the Bemba and Nariar scenarios - both considered inappropriate from the perspective of biomedicine - are illustrative of the significance of ideas as they shape infant feeding practices even in situations of overall food and economic hardships. If infant 'feeding' was perceived as more important for the wellbeing of the infant in Nariar, families would likely align their activities around it, and prioritise it like they do for instance the preparation of ginger-jaggery *davai*, for post-partum consumption by the mother which even the poorest households prepare, or for instance the twice-daily practice of *sekai* in Nariar that is considered important for aiding 'digestion' in the early months of a newborn child's life (See Box 6.4).

Yet while these practices do clearly reflect cultural formulations on the value of breast milk and locus of control on infant dietary intake, in the context of Nariar the extended reliance on the safe breast milk perhaps does not occur in a vacuum, and is shaped by the constraints of the health environment. As noted earlier, there is an environment of fear surrounding the introduction of complementary foods. To illustrate further, the Pardhi are absolutely terrified about an infant falling ill, with good reason. In an environment where public health services are sorely inadequate, and private healthcare of doubtful quality, the event of a child falling ill is cause for much anxiety. Further, in case Dinaram, the medical practitioner from Nimgaon,

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<sup>184</sup> WHO optimal duration of exclusive breastfeeding 2001.

is unable to help, the family would be compelled to seek care, usually private, in Raipur and this has multiple implications – coercing the family to borrow money and take decisions in a state of distress and unknowingness.

*‘a state of mind where we don’t know where to go and what to do, forcing us to take a decision’*

[Sumana, CS HH Pardhi-2 - describing decision-making in an incident where 9 month old Tulika had taken very ill, and had to go to a private doctor in Raipur].

Also Raipur hospitals are unfamiliar, the poor have no connections and can be easy victims of exploitative private medical systems<sup>185</sup>. Further, the unfamiliarity of and distance to Raipur means that the family travels in large numbers for strength, to understand what the doctor may say, to take decisions collectively, and to cope with a possible, and much feared eventuality such as having to stay overnight (4 persons travelled together in the case of Tulika’s illness I refer to before). This forced ‘group travel’ for the Pardhi also puts a break on the day-to-day livelihood activities, and can add up to being financially or otherwise catastrophic, so it is with good reason that they are terrified of illness.

We know that commencing of complementary foods is a delicate process even when environmental hygiene and food quality is high, and any child’s digestive system learns only slowly to cope with solids (it was the protective qualities of breast milk for the common infant condition of gastroenteritis – or infection of the gastro-intestinal tract - that formed an important rationale for the WHO revision of exclusive breastfeeding recommendations from 4-6 to 6 months, in 2002). In the region of Nariar, the historical difficulty of dealing with child illness, such as gastro-intestinal conditions or diarrhoea has shaped perhaps a tendency to stick to the safe breast milk – and avoidance of complementary foods, until the child is viewed as more ready - articulated by the child reaching the developmental milestones of sitting, crawling and pulling herself up<sup>186</sup>. As Pelto et al. (2003) discuss, the form and variety of available complementary foods are critical to infant nutrition, as are environmental health

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<sup>185</sup> There is often the unethical recommendation of the C-section delivery (since it is more profitable than a vaginal one), and medicines are sold at considerable mark-up prices and close to the use-by date. The very LBW child from the neighboring village of Nimgaon (1.5 kgs at birth) I discuss in Chapter 4, was kept in the Neonatal Intensive Care Unit (NICU) for long days, much beyond what the family would have liked. Echoing a situation similar to those in ‘Death Without Weeping’, (Scheper-Hughes 2003), the family knew that the child was likely to die and that they could not afford the NICU. The hospital encouraged them to keep the child in the NICU. Rapidly eroding all their savings and piling up a huge debt, the child died soon after she was brought back to the village

<sup>186</sup> While gathering of data on timing of achievement of developmental milestones by children has not been the focus here, it appeared that usual milestones of physical development – sitting, crawling, standing may, on the whole, be attained later by a few months in Nariar than in contexts of better nutrition.

resources, and these influence feeding behaviour. My data from Nariar suggests that these factors are critical for infant nutrition here too.

#### **Box 6-4: The Practice of Sekai for a newborn child**

The practice of 'sekai' is usually performed by an elderly woman or grandmother of the newborn child (younger women often claim they don't 'know' how to perform it).

It involves rubbing about a spoonful of oil (perceived to have heating qualities such as mustard oil) across one's hand, and bringing the hand down in a hard-hitting motion on a new-born child's stomach. Pressing down on the child's stomach after hitting down on it, the hard slapping motion is then serially repeated without interruption over about 5 minutes. The baby is visibly distressed, shrieks and cries incessantly. The woman carrying out the sekai and all who happened to watch the process along with me – other women, children or young men - are entirely calm. They view the procedure as entirely necessary – in helping the child digest breast milk, a similar logic perhaps as with immunisation injections in modern times, which cause the child physical pain and may give her temperature over a few days, but which are believed as entirely necessary and important for long-term wellbeing.

I witnessed the *sekai* on two occasions. Once amongst the ST Pardhi [CS HH Pardhi-5], and once in the OBC Yadav's [CS HH Yadav-1]. Interestingly the logic and explanation for the *sekai* was entirely the same – to aid digestion, help the child defecate, urinate and clean-out the digestive system. In the Yadav household, Rupkuwar the grandmother affectionately said to the infant as she went about the sekai that '*you are crying because you wish to have the sekai aren't you?*' The *sekai* ends at about 5 minutes, and the child has usually urinated and also passed stool. Massaged briefly then with a more soft touch and hair neatened back, the child is handed to the mother, who nurses it. This procedure is considered important for a child to be able to digest breast milk (and deal perhaps with common infant conditions such as gas), and is performed over the first couple months after childbirth. This is illustrative again, of the not unknown fact that ideas play an important role in shaping infant nutrition, and with respect to post-partum and child nutrition they continue to matter significantly in the context of Nariar.

**Photo 6-4: Kalpana and her first-born Radhika**



**Photo 6-5: Sumana and 11 month old Tulika (Pardhi)**



**Photo 6-6: Nikhil with his maternal grandmother Preetbai**



**Photo 6-7: Harini and Suresh**



**Photo 6-8: Ramla enjoys the morning sun with her children**



**Photo 6-9: Bina with Dheeral. Bina's sister in law Mita nurses her two year old boy in the background while Mita's eldest daughter (centre) looks on.**



Photo 6-10: Rupkuvar gives her granddaughter Minu a sekai



Photo 6-11: Rupkuvar with her granddaughter Minu



## 6.5: CONCLUSIONS

Cultural beliefs relating to diet and health clearly play a role in influencing post-partum and infant nutrition behaviour, which, is at variance from bio-medical recommendations, and likely to be damaging to maternal and child health and nutrition.

With regards nutrition in the post-partum, the Sahu, Yadav and Satnami women's eating down and food avoidance behaviours are likely to have some influence on their own health, given also that women are pregnant multiple times. The full implications on infant nutrition are not entirely understood, since biomedical understanding of how quality of human milk is affected by maternal nutritional status is also limited. Further practices of 'eating down' are most stringent in the early week's post-partum, when an infant's milk requirements are also relatively limited. From research in Nariar, the extended eating down post a surgical procedure such as a caesarean delivery is particularly of note, since food intake quantities are reduced for an extended time, over a period of 2-3 months, and this can very plausibly affect breast milk production, and its adequacy for a growing infant. This 'eating down', also practiced after the other common surgical procedure, the tubectomy operation, and often when they are nursing older infants, who may be getting inadequate nutrition from other sources, has a direct and visible influence on nutrition. Irrespective of pluralism in medical care seeking and wide acceptance of biomedicine in the reproductive sphere, nutrition remains largely conditioned by traditional and widely shared cultural beliefs. The implications for nutrition when 'reproduction meets biomedicine', especially as we see in the case of surgical procedures in the context of Chhattisgarh, merits a deeper examination.

On feeding infant foods complementary to breast milk, it is recognised that foods are introduced later than and in inadequate quantities than biomedicine suggests. Cultural beliefs play an important role here, and infant and young child feeding practices are likely to be nutritionally damaging<sup>187</sup>. Some cultural beliefs are counter-productive to optimal nutrition from the perspective of biomedical theory and evidence. While the overall point that complementary foods are introduced later-than and in inadequate quantities than is recommended stands, and the role of ideas in shaping behaviours is noted, there is also an economic-materialist reasoning that may shape practices.

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<sup>187</sup> Yet it should also be noted that irrespective of broad biomedical agreement on breastfeeding and complementary feeding recommendations, there are many imperfections in biomedical nutrition science and that biomedical nutrition recommendations are also continually modified, as we see, for instance, from the 2001 modification in WHO recommendations on duration of exclusive breastfeeding from 4-6 months, to 6 months

Infant feeding behaviour here may reflect rational adjustments based on experience of the poor in a poor health environment apart from what may be seen as 'irrational ideas' that lead communities to introduce complementary foods later and in smaller quantities than recommended. The worries of infant indigestion, loose stools, and illness are significant, and in a context of poor-quality weaning foods and poor environmental resources, they shape ill-health. The limits to easy treatment of ill-health may reinforce feeding practices. Further, given that calorie requirements for infants also vary by body weight, in some limited cases given perhaps small infants (as some amongst the Pardhis), breast milk may continue to fulfil bodily needs for some infants for a marginally longer time than the recommended 6 months<sup>188</sup>. This is a statement that is at odds with biomedicine, and I am not suggesting that feeding behaviours here are at all appropriate since at the population level there is widespread evidence that breastfeeding is unlikely to be adequate for children beyond 6 months of age, and certainly in the region of Nariar the duration of near exclusive breastfeeding is particularly extended. My argument is only to point out that an economic and materialist reasoning also operates in shaping practices.

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<sup>188</sup> Breastmilk is theoretically assumed to be inadequate beyond 6 months, but there are individual variations.

## Chapter 7 DISOBEYING THE PRINCIPLE OF ‘SELF-SELECTION’: THE PARDHIS AND PUBLIC WORKS UNDER NREGA 2012

Chapters 5 and 6 discuss the themes of culture and resource constraints as they influence health and nutrition from the perspective of recommended biomedical practice in pregnancy and childhood. This chapter takes a different and contrasting example on the question of culture and economics. While Chapters 5 and 6 examine culture as belief systems in terms of how ideas about food and health may influence health and nutrition in the background of available resources, in this chapter, I focus on the Pardhi tribe and examine cultural and economic factors that I identify as shaping nutrition and poverty within this community.

### 7.1: RESPONSIBLE FOR THEIR OWN POVERTY, UNDER NUTRITION AND ITS SEQUELAE?

In conversations about unfulfilled development objectives in Nariar, a narrative put forth by local functionaries of the public health and education systems, such as school teachers and the nurse, was that people did not want to ‘improve’ (*log ‘sudharna’ nahi chahate*), or did not make the effort to adopt what was good for them, thereby thwarting service provision efforts of the government. This narrative, which echoes Oscar Lewis’ ideas on the ‘culture of poverty’ - that the poor tend to acquire value systems which perpetuate their disadvantaged situation, irrespective of availability of resources such as public programmes - is not uncommonly heard for the context of rural India (Lewis 1959; 1971)<sup>189</sup>. If there was a community most blamed though, as responsible for its own ill-being and under-development, through stubbornness and wilful neglect of their best interests, it was the Pardhis. The nurse had a grievance that they were the tardiest in taking the initiative to access the monthly immunisation and antenatal services she provided and complained about her difficulties to ‘complete’ her registers on their account<sup>190</sup>, while the telling expression of one school teacher summarised a common view that they were the ‘culprits’ (*khud ‘doshi’ hai*) being

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<sup>189</sup> Health and education services are universal and the narrative that people do not use services, or do what was advised in their best interests (not using spacing contraceptives for instance) is prominent. Though many programmes beyond health and education were particularly subject to elite capture/ clientelism (for instance schemes that may come up for the distribution of sewing machines, or building of homes were allotted partially).

<sup>190</sup> There is much bureaucratic obsession with maintaining records, and these are assiduously reported up the system for consolidation, a theme discussed eloquently by (Gupta 2012) amongst others.

neglectful of their children, choosing not to school or discipline them, having only themselves to blame for their situation. From my observations, it was apparent that the Pardhi's were the least served by public programmes. While their social and political marginality to village life influenced the opportunities and resources distributed to them (I discuss this further in Chapter 8 on local politics and the everyday state), as a community they did display some apathy towards opportunities that may have been available.

One of the aspects that most intrigued me in this regard related to the Pardhi's' work under India's flagship livelihood programme, the National Rural Employment Guarantee Act (NREGA). When the Pardhis were conspicuous by their absence - as an entire community - in the hustle and bustle of the village panchayat office all through the busy day March 23, 2012, as photographs were being taken and NREGA 'job cards' validated (the *nomnikaran* day) I was convinced that I was observing a conspiracy at play. The programme provided unskilled manual wage employment as a 'right' to household members seeking it, and in Nariar the NREGA project of the year, like in most panchayats of this region was about the manual excavating of a village pond, referred to commonly as 'pond deepening' or *taalab gahrekaran* work<sup>191</sup>. Surely the Pardhi's were under-informed about the programme to follow and its job-card requirements, and surely the panchayat office bearers placed barriers to their obtaining valid 'job cards' with a view to manipulate the administrative apparatus for all likely rent seeking opportunities. NREGA is widely critiqued for the widespread rent seeking in its implementation, and in Nariar there was every sign of it. I observed the 'sachiv' or the panchayat secretary for instance, who lives outside Nariar and is the person who knows the real 'nuts and bolts' of public schemes, work with the sarpanch to actively misinform and exclude senior members of the village who wished to get a job-card suggesting that since they were elderly they may be physically unable to work '*its hard work is it not? What if you fall or hurt yourselves?*' he explained. Another pretext he used was that people who received a government pension were not allowed to work. By the rules, neither the elderly nor those who received the meagre state pension were to be denied work as a 'right', but in an environment of information asymmetry, and motivated obfuscation of detail, the sarpanch and sachiv could get away with this<sup>192</sup>.

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<sup>191</sup> NREGA guarantees 100 days of wage employment in unskilled work for rural household members that put themselves forward for it. Panchayats are expected to define the public works project based on certain guidelines, and the deepening of the village pond (*taalab gahrekaran*) is the most common NREGA project in the region and in many parts of Chhattisgarh. In Nariar, and other villages in the region the village had little by way of commons which made the identification of eligible projects harder.

<sup>192</sup> In discussion with an official in the Thakur Pyarelal Institute of Panchayat & Rural Development (TPIPRD) in Chhattisgarh, I was told that denial of job cards was likely to be motivated by an interest to create 'space' for absentee-payees within the overall population numbers in the village. I observed in Nariar that while senior citizens were denied job cards, ALL members of the dominant political camp (including women, and the Yadav

It was unthinkable to me that the principle of 'self-targeting' central to NREGA conceptualisation, that the poorest would be most attracted to unskilled manual labour wage employment under the programme and of their volition select themselves as its beneficiaries, may be violated. On the face of it, that NREGA employment would be desirable seemed obvious. The programme offered attractive wages. At Rs.122 per day, they were near twice the usual agricultural rates for a day of weeding (Rs.70) and work was usually begun and completed in about two hours at day-break before the summer heat became intolerable, leaving the rest of the day free for other activities<sup>193</sup>.

It was also known from prior years of its implementation in the village to be a programme that was less about the equation of exacting the physical toil against wages, as it was about the softer objective of work as a welfare entitlement. As one worker-informant put it, it was *bas kaam ka adhikar*, or 'just' work as a right. Another observer of the programme said, 'the *'mazdoor' or 'labourer' was earlier afraid, but is no longer afraid. If they have to do 'wrong work' they will'*<sup>194</sup>.

Hence despite its well-known shortcomings<sup>195</sup> it appeared to me that many in the village, and certainly the poor would be attracted to it. Through the season I observed many in Nariar across communities who did not register for or participate in the NREGA works for various reasons, and the playing out of NREGA implementation was fascinating in itself, though my intention is not to evaluate here the merits or limitations of the larger programme. I was especially puzzled by the wholesale absence of the Pardhis from the NREGA exercise, since they seemed to me the most obvious potential beneficiaries. From my observations, corruption in programme implementation, knowledge asymmetries, late wage payments, and

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Sarpanch) were present on the day for photos and registration of job cards though it was obvious to all that they would not actually 'do' the manual work (muster role manipulation, i.e. payment to workers on the list but actually absent from the worksites is a common form of corruption in the NREGS). None of the family members of the Sahu (the opposing political camp) came in to register for job-cards, (in my view this was because being in the Sahu camp, they were unlikely to be paid without the physical toil of doing the work, which they would not want to do, and it would be a matter of shame for Sahu men and women to toil under the watch of the now dominant Yadav-led political camp). Members of the Yadav family who from my observations were absent from the worksites, are likely to have all been paid (therefore the eagerness to get photos and validate the 'job cards').

<sup>193</sup> There was talk of the wages being increased to Rs.136/day for that season. Work was complete between 6.00 am and 8.30 am before the sun became particularly strong (temperatures hit the 40 degree Celsius mark at this time of the year). The official requirement was that a 12ft length \* 12ft breadth \* and 1 foot deep dug by 2 workers per day. The expected practice though was to dig about 6 inches deep – only taking away the loose caked soil and with 2 persons working, this was done in about 1-1/2 to 2 hours.

<sup>194</sup> This refers to the mazdoor's unwillingness to dig the allocated pond-plot 12 inches deep as per official requirements and instead only dig the pond 6 inches deep – with the collective pressure from the mazdoors this was an accepted depth by local programme managers.

<sup>195</sup> Apart from corruption, other common criticisms point to poor quality of built infrastructure, provision of fewer than mandated days of labour, delays in payments of wages [See for instance Shah D 2012].

the 'few' days of work under the programme would not be ruled out as detracting factors, and further the Pardhi were politically and socio-economically marginalised. These were not, however, the primary explanatory factors for the Pardhi non-participation.

To my surprise I found that the Pardhi were in-fact disinterested in NREGA work, for the most part indifferent to it, and had chosen in almost all cases to not bother with the NREGA card validation. Virtually without exception, every response to my question across the length and breadth of both Pardhi habitations, on whether a household had attempted to obtain or validate their NREGA job cards were met with a nonchalant answer in the negative. I met only one person, who had validated his card, and here too with no intention to take up employment at the worksite, but perhaps to keep on the right side of 'officialdom'<sup>196</sup>. The only glimmer of interest in the worksite I came across was from a Pardhi woman, who on one lazy afternoon was attracted not to the promise of employment there but to the possibilities of fishing in the village pond at the opportune time when it was being drained prior to the NREGA deepening project. The Pardhis did not reveal frustrations with the process of job card validation at the panchayat office to be a barrier, nor did they voice the discouraging difficulty common to the programme in many parts of India, of late wage payments as being a key disincentive<sup>197</sup>. All responses to my inquiry pointed to the Pardhi general lack of interest in NREGA work, ostensibly since their primary occupation was broom making. Yet this engagement in one occupation did not come across as a persuasive explanation of the reasons behind the lack of interest for additional work within the village that had attractive pay and few work hours. Why would a community that was poor by every sign of it express a wholesale rejection of a work opportunity that would be expected to benefit them, and that others in the village and the wider region engaged with to varying degrees? Over time my inquiries suggested there were two factors that stood out as worthy of consideration.

The most prominent and frequent explanation I heard from the Pardhis themselves was that their main occupation was broom-making/mat-making, referred locally as *Jadu-chatai* work, and that since in this work they made monies (*baithe-baithe*) while 'sitting', they did not wish to toil with NREGA work. This *Jadu-chatai* work was highly effort-intensive and menial, unviable without the direct involvement of the entire family in production activities, with the marketing requiring them to spend long days roaming the streets in urban centres selling brooms, and often migrating weeks for this purpose. While it was time-consuming, tedious,

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<sup>196</sup> My understanding was that he validated the job card, for any unforeseen official need, though this motivation too was unusual.

<sup>197</sup> See for instance Ambasta et al. 2008.

effort intensive work that was often disruptive to families' settled lives in the village<sup>198</sup>, it was not for the most part 'heavy' or preponderantly dependent on 'muscle power' and perhaps it was this aspect, apart from the actual seated activity of splitting and tying of the broom grass, which lent the Pardhis to describe their work as that which 'let them earn while 'sitting'.

The *Jadu-Chatai* work also meant that, menial though it was, the Pardhis had non-agriculture dependent cash incomes for the most part of the year except during the monsoon rains when the essential process of drying the broom grass was made impossible. This cash flow frequency from broom work is important to note in an economy where agricultural seasons significantly influence employment opportunities and cash inflows can be seasonal, though many from other non-Pardhi communities also had casual informal sector employment, and cash-flow through the year. Further, by and large incomes from broom-making were small considering that the entire family was engaged in it, and the Pardhis did live a marginal day on day existence. As a people they looked conspicuously poor and in some cases near destitute from their attire, assets and material style of life. Larders were typically empty and meals routinely dependent on day-to-day food purchases, supplemented by daily fowling, foraging or begging. Comparative to other communities their dwellings were unquestionably the smallest, the overwhelming majority *kaccha* or raw rudimentary constructions having mud walls, exposed to the elements and undoubtedly the barest in terms of household assets, many without any furniture to speak of. *We don't even have a mat to offer you to sit on* - they would sometimes say to me (though their attitude did not display their feeling 'shamed' from their assetlessness). They were also a community with exceptionally low literacy, having few members in regular employment or running cottage business, apart from broom work. They were as was said '*roz kamane khane wale*' or 'those that earned and ate day on day'. While they did have non-agricultural cash incomes through many months of the year, they were, by all signs, a community that was poor and one that could benefit from the additional incomes from an entitlement to work programme. Furthermore they did from my observations seek some wage employment as agricultural labour or *bannihar*, usually women who laboured in harvesting and weeding activities at Rs.70 per 7-hour day. Therefore their disinterest in the pond-deepening work, which in pure economic terms paid them nearly twice the going agricultural wages for significantly fewer hours of work was unexplained.

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<sup>198</sup> Cyclical migration for broom sales meant that children had to be cared for in difficult circumstances while 'on the move', security of empty houses in the village managed. Surviving away from home was often expensive and ate into profits.

Photo 7-1: Street advertising - “Under NREGA work will be given on demand for work”



Photo 7-2: NREGA Pond Deepening Worksite – 2012 12 ft x 12 ft \* 1 ft deep plots marked as daily work for a pair of workers



**Photo 7-3: Women carry away earth from up the pond slope and deposit it over the edge**



**Photo 7-4: Men oversee proceedings at the NREGA worksite, and manage 'muster rolls'**



**Photo 7-5: Surekha Pardhi ties brooms**



**Photo 7-6: Semi-processed broom grass**



## 7.2: A DISLIKE FOR ‘MEHNAT KA KAAM’?

*‘they consider it ‘work that is difficult’ (physically arduous), and just don’t want to do it’*

[Raj CS HH Pardhi-4 – the most educated individual from the Pardhi currently studying for his graduation]

The Pardhi often portrayed their disinterest in NREGA employment as laziness on their part, through the narrative that they did not want to do *‘mehnat ka kaam’* literally translating as ‘difficult work’ but meaning in this context ‘physically arduous’ work. The NREGA pond deepening, which was called locally as *godhi khan-na*, or the ‘digging of mud’, while having the positive attributes of short work hours and attractive pay, was manual labour and viewed as physically strenuous, the most arduous bit in the work routine was the taking away of the loosened mud from within the pond up a slope and tossing it over the edge, a job almost exclusively done by women<sup>199</sup>, and it was this ‘arduousness’ that pointed towards a partial explanation of the Pardhis attitude to this work.

I was struck by a remark made by Joyita, amongst the few literate Pardhi women in Nariar in response to my questioning on an explanation for the dislike of *‘mehnat ka kaam’* in the context of NREGA employment.

*‘If they (the Pardhis) did do this work (digging mud or godi khan na) their exhaustion and fatigue would be so great that they will drink up 50 bottles of alcohol that night’.*

[Joyita, CS HH Pardhi-4]

This remark was perhaps a pointer to an implicit factor shaping the Pardhi’s expressed dislike of *mehnat ka kaam* that I had not entirely recognised before. This animated reference to their possible state of collapse, was maybe reflective of an underlying trade-off they were making, sacrificing opportunities for labour employment to maintain essential bodily equilibrium, and that this motivation pushed the undertaking of arduous, physically strenuous labour out of the realm of consideration. I do not propose this as a singular determining

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<sup>199</sup> Women carried the mud away in baskets atop their heads. Climbing the steep incline that formed the sides of the pond was the most strenuous bit and all recognised this. Men’s roles were digging the soil and filling out the baskets and helping lift them atop women’s heads. It was a matter of shame (*sharm*) for men to carry soil on their heads. The digging in this case – the top 6 inches loose soil - was considered the relatively lighter job by all. Women did not do this digging since it was commonly a man’s job, though some women from Nimgaon – keen to earn - did dig the soil too. Women did in addition all the household chores of caring for children, bringing in water and cooking, and in the case of Nimgaon’s women, also walked a distance of 1.5 km each way to the worksite, while the men usually had bicycles.

influence on their decisions, as there were individual variations in health and stature, worker productivity may not depend on nutrition alone<sup>200</sup>, there could have been the option of taking 'longer-time' for the same job, and there are cultural variables that have a bearing, yet there was some plausibility to this explanation.

In comparison to other communities in the village, as well as other tribes in the region the Pardhis were of visibly smaller stature and of overall poor health. My study does not provide full quantitative data on adult anthropometry that can be statistically analysed<sup>201</sup> yet sometimes I would carry along a weighing scale to the Pardhi habitations and women curious about both my presence in the para, as well as the weighing scale were often keen to climb onto it. Adult women frequently weighed 35 kgs, and usually between 36-38 kgs and were typically well under 5 feet tall, which gives some picture of their overall smallness as a people. Anthropometric data presented in Chapter 5 from pregnant women shows that Pardhi women weigh 42.4 kgs when about 4 months pregnant, more than 5 kgs less than non-Pardhi pregnant women on average, and with average height of 144 cms are 10 cms shorter than non-Pardhi women. Comparative to other communities in the village, they looked shorter, less healthy, more anaemic, pale, inarticulate and tired. Their overall tiredness also appeared to affect the pace of their *Jadu-Chatai* work, their work schedules frequently interrupted with long hours of rest or days taken off work from tiredness or at whim.

The Pardhis who are also known as '*shikaris*' or hunters are among the many marginal and nomadic communities who were notified as 'criminal tribes' under the colonial Criminal Tribes Act. While the act was repealed and communities 'de-notified' in independent India, they still carry some stigma from this deviant reputation of being habitual offenders by birth. Historically stigmatised as a thieving community, they have existed at the fringes of society - vagrant, assetless and dependent on unreliable petty fowling and marginal foraging – primarily the hunting of a range of seasonal birds, as well as small animals such as rats, squirrels or hare. While many households have farmlands now, settled agriculture has a relatively recent history in the region, and the Pardhis of Nariar remain semi nomadic, migrating away from the village in cycles of generally three to six weeks between November and January for broom selling activities (see livelihood calendar in Chapter 3. Table 3.1).

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<sup>200</sup> See for instance Deolalikar 1988.

<sup>201</sup> I discuss in Chapter 3 some difficulties in carrying out of both qualitative fieldwork, and attempting to gather quantitative data.

In present-day Nariar, food continued to occupy a central place in the concerns of the community. In response to my questioning the Pardhis about the regularity of their gains from their hunting activities, I heard the expression.

*“Kabhi mil gaya toh shikari, nahi toh bhikhari”* – ‘If we happen to find it (the catch) then we are hunters (*shikari*), else we are beggars (*bhikhari*)’.

*“Fanda me fas gaye to ban gaye, fanda mein nahi fase to gaye”* – ‘If (the prey) is caught in the trap then we are made, else we are ‘gone’ or finished’.

[Gangabai, CS HH Pardhi-2, mother in law to Sumana]

These sayings, which when expressed in Hindi are attention getting since they rhyme, are a reflection of the everyday unreliability of the Pardhi food situation and their day on day subsistence, and in fact depict a literal truth for some occasions (I discuss in Chapter 5 the everyday food habits of the Pardhis). Given that nutritional status is influenced by health and nutrition across the lifecycle - particularly the stages of foetal development and early childhood, as well as across generations – mediated by maternal nutritional endowments through the mother’s own life (See for instance Ramakrishnan 2004), it is expected that the historical nutritional marginality of the people continues to have a bearing on nutritional status and stature of the community, and continues to affect their overall [in-]ability and [un-]willingness to consider physically arduous but otherwise attractive work opportunities. This historical nutritional challenge was perhaps reflected in the Pardhi’s difficulties in bodily sustenance of physically strenuous work, and their inherent striving to preserve, for them fragile ‘body capital’, a term used as conceptualised by Jackson and Palmer-Jones, referring to the cumulative outcome of the bodily endowment at a given point (1999: 562, 564), and that this influenced the kinds of work they participated in. *Jadu/chatai* work a marginal and time consuming occupation but one which necessitated comparatively less muscle power and could be paced over a longer time would then to them seem less burdensome, not requiring the same peak of physical exertion or energy expenditure, albeit over a shorter time than the pond deepening work demanded.

In Nariar, undernutrition and underproduction appeared to have a cyclical relationship for the Pardhis, echoing in many ways some of the conclusions of Audrey Richards’ classic ethnographic work from 1931 on the Bemba of Northern Rhodesia, that what was often seen

as incorrigible laziness of the Bemba may be directly related to diet deficiencies or through the indirect effects of such deficiencies on human will to work (Richards 1939: 399)<sup>202</sup>.

Apart from implications for the cycle of historical undernutrition and underproduction – with its intergenerational implications - the question of the Pardhis' work and their [non-]engagement with NREGA is interesting to examine in light of Jackson and Palmer-Jones's work from 1999, where the authors argue the importance of moving beyond a simple focus on income-generating employment in poverty reduction prescriptions, to include the often overlooked aspects of the character and embodied experience of work and particularly the physical aspect of work for nutritionally challenged populations (Jackson and Palmer-Jones 1999: 558-61). Their arguments further raise a cautionary voice regarding the promotion of 'effort-intensive' employment in poverty reduction programmes especially in the context of rural populations who can ill afford the types of physical exertion entailed. While they discuss the rationale of prescribing manual labour employment where rewards are at such low-levels that the non-poor exclude themselves, and the reality of NREGA 2012 in Nariar is somewhat different given that wages and work hours are reasonably attractive and therefore in theory more appealing to a wider range of participants, it is critical to note that the perception of burdensomeness and the disutility of manual labour was widespread across class and community<sup>203</sup>. For those at the bottom of the pile by multi-dimensional indicators of poverty and by nutritional status – the Pardhis – this burdensomeness contributed to their being unenthusiastic to even sign up for the programme irrespective of its promised attraction. This is perhaps an important observation from the perspective of poverty programmes for the very poor.

Having discussed the question of the Pardhis rejection of NREGA work from the perspective of the community being nutritionally challenged, which I do not propose as a singular explanation, I discuss now another significant dimension.

The other narrative the Pardhis presented in explaining their disinterest was that they did not know 'how to do' this work. The focus of NREGA in the text of the programme is on '*unskilled* labour'. In Nariar the labour involved the digging of soil out of the base of the pond with a hoe, carrying it up the slope of the pond in baskets, and tossing it over the edge. I do not seek to claim that the Pardhis could not do this or could not learn to do this work,

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<sup>202</sup> From early colonial encounters the native was commonly labeled as 'lazy', a construction that has been widely critiqued (see Alatas 1977).

<sup>203</sup> In prior years, a machine had been brought in (against the rules since NREGA is about physical labour) to dig the firmer and rockier soil beneath the top layer– The top soil is loose and cracked, coming off easily, and men who do the digging are less willing to dig the firmer/rockier soil beneath.

however the overall unfamiliarity of this work to a community that was insular in its ways, had only recently begun to settle with partial agriculture and did not customarily own the hoe and baskets (not provided for by the programme), did influence their overall disinclination to seek this work. Working as agricultural labour usually in weeding (*luvai*) and harvesting (*Katai*) activities, were more familiar avenues for wage labour than was NREGA and sought after even though wages here were Rs. 70 for a 7-hour day against Rs.126 for the pond deepening work involving appreciably fewer hours. From this illustration even work supposedly thought to be '*unskilled*', can appear foreign to groups unfamiliar and untrained in it. In this case the groups unfamiliar and excluding themselves were the most disadvantaged in the village.

The importance of bodily familiarity with the required work and general disutility of manual labour, is also relevant with regards non-Pardhi communities in the village. I mention above that while there was interest in NREGA works, there were a fair number amongst the non-Pardhi's too who did not take up NREGA work for various reasons – commonly because they did not wish to 'labour' as in the case of some women who were from economically less-pressed groups or those belonging to groups opposing to the current dominant political camp<sup>204</sup>, because it was short-duration work and men busy in casual employment outside Nariar did not or could not break the rhythm of their other work for the few weeks of NREGA work, because payments were often late and because men in the household may sometimes control women's outside-the-home employment and not appreciate their taking on this work. Apart from these reasons though, a common response from non-Pardhi women was that they did not engage in NREGA employment (while their husbands may be away on other work), since they did not have a '*khanayya*' or a 'digging partner' to accompany them and they, as women, did not know or do this work. Digging was largely a man's job, though women's not digging was not primarily because they did not have the strength to dig or lift, (especially since here the digging involved removal of loose soils – about 6 inches and not the hard deeper earth)<sup>205</sup>.

Marcel Mauss's early work on 'techniques of the body' remains instructive on how bodily practices are shaped by cultures and society (Mauss 1935). With regards the technique of

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<sup>204</sup> I discuss before that in my assessment Sahu household members were unlikely to be paid without work and hence did not register their job-cards, unlike those of the Yadav family who in my assessment were likely to be paid irrespective of their absence from the actual labour (their absence from actual work was observed, yet their job-cards were validated for the season – though I had no access to the Muster-rolls and payment records to verify my claims).

<sup>205</sup> Some particularly motivated Sahu women from neighboring Nimgaon, keen to earn a double wage did both the digging and the lifting (when men from their households were otherwise occupied).

digging for instance, Mauss describes how during World War 1 the English troops he was with 'did not know' how to use French spades, which forced a change of 8000 spades a division (Mauss 1935: 79), an account amongst several others in his work that is illustrative of how societies have their bodily habits, and how as Mauss puts it manual knacks can only be learnt slowly (Mauss 1935: 79). My narrative from the Pardhis of Nariar reflects that bodily familiarity with tasks including notions of gender divisions of labour shape body techniques, an aspect that is perhaps underappreciated in the conception of NREGA works as 'unskilled' or suitable for all<sup>206</sup>.

### **7.3 SHORT-TIME HORIZONS AND RESIGNATION?**

I move now from the discussion of undernutrition and underproduction to another dimension that has an important bearing on the Pardhi situation, on their inclination to work as well as on nutrition. I discuss here the 'short term' time horizon that shapes their aspirations, decisions and ways of living, perhaps a reflection of their history of migration, assetless non-accumulation and life at the fringes of society.

The disposition of the Pardhis was very much to live 'day on day' and their efforts did not demonstrate a systematic striving or strategizing towards what would be seen more conventionally as a secure or prosperous future, making their behaviours and expenditures appear as 'reckless' or 'uneconomic'. The 'bareness' of the Pardhi kitchen is a case in point. In the evenings when the daylight began to fade, I would observe Pardhi men and women gravitate towards the Sahu owned grocery shops at the edge of their paras and on the village road, to procure food, particularly for the evening meal. I would often examine their purchases - tea in a plastic sachet, and sugar wrapped in a scrap of newspaper enough for one round of tea, about 50 ml pouch of cooking oil unfiltered and cloudy which would stretch across maybe 2 meals, perhaps three eggs for the one meal, if the PDS rice had run out purchases of rice to last one meal or lentils to stretch across one meal and so forth. All of these food items were of poor quality, unbranded or of substandard brands, and always about 20%-25% more expensive than superior quality equivalent foods that I myself was purchasing in Raipur usually in larger quantities. The quantity purchased was not always the

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<sup>206</sup> An overall commentary on appropriate public works under NREGA is beyond the scope of this paper, and my limited point here is that public works and people's abilities/willingness to undertake them, reflect also considerations of bodily familiarity with the task, that is also shaped by gender divisions of labour.

key determinant of the price differential though, since I was already paying a premium for quality, and even on per-unit purchases such as eggs, while I paid Rs. 3 per egg in Raipur in Nariar the price was Rs. 4 per egg. In short, compared even to retail (rather than wholesale) rates, the price differential for inferior quality products sold in the village, particularly in small quantities was high. This price-differential tells us something about how inappropriately developed rural and village retail markets are with the poor paying significantly more for basics than the non-poor do<sup>207</sup>. The point that did not cease to astonish me though was that this purchasing behaviour of the Pardhis was not to cover for occasional shortfall in grocery essentials, or fresh foods such as vegetables but an everyday phenomenon. A glaring and significant drain on resources, the Pardhis from their meal-on-meal purchasing behaviour were paying 'at-the-very-least' 30% more than they could from making apparently easy and what would seem obvious modifications in their purchase and food-storage behaviour. What led the Pardhis to act in this what may be viewed as an 'uneconomic' fashion? It was not the case that the Pardhis could not at some times have the financial resources to purchase and store larger stocks of food, and furthermore the Pardhis were relatively mobile as a community, travelling to sell brooms across many locations, or to 'beg' and therefore there were not the restrictions of immobility. Yet the tendency was to not look or plan ahead and stock larger quantities or better quality food at lower prices. Sometimes only when the evening had actually descended and feeding the household loomed as an inescapable actuality, would the family resource for the meal.

This point is connected to another curiosity of the Pardhi situation, the absence of even a single Pardhi entrepreneur who sought to cash-in on the retail market that his or her community provided. Why would there amongst all the shops in Nariar (at the least 7, all owned by members belonging to other communities) be none owned by the Pardhis even by those with some education and ability to manage accounts, when Pardhis were such willing buyers and customers to be profited from? Why no attempt to build on the locational advantages of a within the habitation dwelling? While there are no complete explanations one version that was put forth by Raj - the only college going Pardhi man in the village - was that this was because if there was food stored in a house, people would come in and take it from the house/shop and it would be impossible to refuse foods to relatives or actually store any.

This explanation demonstrated the sharing behaviour of the Pardhi with regards food. The Pardhi did not maintain strict restrictions on sharing of food across 'cooking units', and

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<sup>207</sup> This observation on poorly developed markets for the poor stretches across other sectors, as is widely observed in economic literature.

despite setting up independent dwellings on marriage there was much flexibility in sharing of food, given also the actual 'inter-relatedness' of many households from kinship preferences of keeping marriage partnerships between cross-cousins. This is unlike the behaviour amongst non-Pardhi households, where relatively-speaking 'cooking-unit' boundaries are more respected, regardless of the overall joint-habitation of the multi-generational joint-family<sup>208</sup>. In an environment of inter-dependency and a culture of not-refusing foods to a wider network of relatives then, there was little scope for individual profiteering from the selling of food to fellow Pardhis.

The overall point I seek to demonstrate, is the cultural disinclination for any food 'accumulation' or an attitude entirely concerned with the present, with little vision of systematic accumulation for the future. The Pardhi relished animal foods and liquor and being traditional fowlers had a bird or small animal they may have caught to add to the pot, fish and more infrequently meat bought from the town such as chicken which was part of their diet. As a rule when monies came in a flush after they had a spell of selling activity for instance or had returned to Nariar after having migrated away for a few weeks, it was usual to spend a significant proportion, in one estimate about Rs.1500, of the Rs.8000 to Rs. 10,000 they may have earned as collective family efforts over 1-2 months over one evening's feast primarily on alcohol and meat. Further alcohol consumption was particularly high across the community, and the Pardhi's often mentioned that it was their love for meat and alcohol that was behind their prodigal behaviour. Another example of prodigality, for instance in one account Rs.250 of Rs.500 earned in a seasonal sales before Diwali were spent on buying two dresses for the young daughter of the couple, irrespective of household food insecurity [CS HH Pardhi-2].

## **7.4: WHAT EXPLAINS THE PARDHI SITUATION?**

Is it an appropriate view that the Pardhis work in ways that echo Oscar Lewis on the 'culture of poverty', with worldviews that perpetuate their situation as an underclass at the margins of society (Lewis 1961, 1971: 20-26)? Why do providers in public systems, as one informant put it see them as 'culprits' responsible for their own ill-being, and casual about seeking any services that may be provided by the government?

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<sup>208</sup> We see an example Chapter 5 (Box 5.2), of how valued foods (the vegetable in this example) is not easily shared across cooking units, even with children from different 'cooking units'.

One way to examine the Pardhi consumption behaviour could be in terms of Abhijit Banerjee and Esther Duflo's ideas on 'time - inconsistency' – the way we think about the present as very different from how we think about the future (Banerjee and Duflo 2011: 64). Banerjee and Duflo (2011) examine 'time-inconsistency' as it influences decision-making and impulse-control, in explaining difficulties the rich and poor alike have in doing what Banerjee calls the more sensible thing - for instance in terms of the discrepancies between New Year Resolutions to go to the gym, and our inability to stick to them (Banerjee and Duflo 2011:64). They discuss that self-control is also influenced by levels of the 'cortisol' hormone, which is increased by stress and that there is a strong association between poverty and the levels of cortisol produced by the body, high levels of which directly impair cognitive and decision making ability, and suppression of impulsive responses<sup>209</sup>. Thus high cortisol levels from stress may influence the impulsive or what may be viewed as 'irrational' behaviour of the poor. They further discuss that what may seem as irrational decisions of the poor may also be shaped by a psychological process, a loss of hope, facing income risks, disease and death which all cause worry and stress and make it that much harder to have what they refer to as 'self-control' (Banerjee and Duflo 2011:140,141). The term 'self-control' or 'irrational behaviour' as Banerjee and Duflo use it could be viewed perhaps as 'derogatory' labels for behaviour which Banerjee and Duflo apply to the rich and poor alike. With regards the poor, apart from the effects of stress, Banerjee postulates -

*“... it may well be that a substantial part of the reason why the poor look as if they're taking worse decisions is because they don't care enough, and they don't care enough because really, probably rightly, see that the chances of getting somewhere very different are minimal. If you're never going to climb up that hill towards attainment, then you might as well not try...”*

*(Abhijit Banerjee, The Guardian, April 22, 2012, in an interview to Decca Aitkenhead about his book Poor Economics)*

It is true that the Pardhis have been historically deprived and have seen little economic mobility. Like the majority of India's 'de-notified tribes', the Pardhis are not on the official Scheduled Tribe list and are hence excluded from the benefits of 'reservation' or 'quota', the almost singular window for jobs, political voice and substantial economic mobility for vulnerable communities in rural India. In Nariar and its region we clearly see the beneficial

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<sup>209</sup> They cite data from the Mexican cash transfer program PROGRESA and argue that the children of beneficiaries of PROGRESA had significantly lower levels of cortisol than comparable children whose mothers did not benefit from the programme (Banerjee and Duflo 2011: 141). Mullinathan and Shafir also point to the psychological effects of "Scarcity" and the cognitive implications it has 'capturing the mind' such that it influences poor decision-making (Mullinathan and Shafir 2013; Mani et al. 2013).

effects that reservation in government jobs has had for economic mobility of SC Satnami families<sup>210</sup>. Notwithstanding that secure jobs are available to a tiny fraction of those from communities who may be on the reservations list, seeing no realistic opportunity for any of their members to find a foothold onto the more desirable forms of employment does shape how the Pardhis see investments in education:

*There are so many educated from the Pardhis, none of them have 'service' (i.e service job). Look at Raj, he has done double-college (i.e is in 2<sup>nd</sup> year of his Bachelor's degree), even he has no 'service'.*

[Gangabai Pardhi, CS HH Pardhi-2]

Further the Pardhis are marginal to the village and sometimes treated with contempt. Important to note however that is this is not always the case, since there are greater interactions between the Pardhis and non-Pardhi's who share the habitation. Pardhi children are comparative to other children more irregular at school, though it is also noticeable that Pardhi children who do go to school have few non-Pardhi friends, and feel marginalised. Teachers are rarely sensitive to social inequities and as I discuss earlier view Pardhis as stubborn and responsible for their own ill-being.

I spoke with 3 of the more regular Pardhi schoolgirls about 9-10 years of age about their experience at school as they made their way back home from it to their habitations. While they liked school, when I asked about their relationships with other children, the Pardhi girls said that the other children insulted them by calling them '*the children of beggars*'<sup>211</sup>. Thus while the Pardhis may show some irreverence to other public programmes (we discuss this further in the context of the ICDS in the next chapter), their systemic and social marginalisation, and perhaps some fear of humiliation also perpetuates their non-participation in welfare or capacity oriented programmes. Rather than face humiliation they may not participate<sup>212</sup>. After significant debates in the 1960's that followed Oscar Lewis's 1959 proposition on the 'culture of poverty', Lewis sought to clarify that he did not view all those who were impoverished as sharing a culture of poverty, but that he was referring to those that were marginal, alienated and helpless, and to those only knowing their own way

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<sup>210</sup> Giving them jobs as the sachiv, or the school teacher, which would have been very difficult for them to get otherwise. Parry (1999) discusses for the larger region how reservation has a transforming effect on Satnami social positioning, in the context of the Bhilai steel plant and gives it 'two cheers'.

<sup>211</sup> Begging is common amongst the Pardhis and sometimes daughters accompany mothers to beg.

<sup>212</sup> This maintaining of dignity is also an explanation that Pardhi and non-Pardhi communities mention as a reason for their choice of private as against government hospitals.

of life, with little knowledge of others in their situation, or little class-consciousness (Lewis 1971: 20-21). The overall food insecurity, insularity, marginality and bleak chances of social mobility plausibly shape worldviews that perpetuate their disadvantage, enhance stress and make it harder to behave in ways that promote a longer-term viewpoint.

Having recognised the overall deprivation and marginality of the Pardhis in the village, it is also worthwhile to consider here another point of view with regards the Pardhi 'here and now ethic' and their economic conduct, in terms of their identity as *shikari* or hunters. Marshall Sahlins' seminal work speaks of hunter-gatherer societies as 'the original affluent' society arguing to dispel the widely held low opinions amongst anthropologists of the hunting-gathering economy (Sahlins 1972). While he acknowledges that some hunters have moments of difficulty he contends that the economic inefficiency of the hunting-gathering way of life was exaggerated by anthropological accounts, and that on the whole, the food quests of hunters and gatherers were remarkably successful, leading them to fulfil needs by working few days a week, have time for rest, and also have a varied diet. Their wants apart from food being few meant that their food needs satisfied, they were affluent without abundance, free from material pressures. Sahlins makes what may be viewed as a provocative and outrageous point:

*"The hunter, one is tempted to say, is an "uneconomic man". At least as concerns nonsubsistence goods, he is the reverse of that standard caricature immortalized in any General Principles of Economics, page one. His wants are scarce and his means (in relation) plentiful. Consequently he is "comparatively free of material pressures", has "no sense of possession", shows "an undeveloped sense of property", is "completely indifferent to any material pressures", and manifests a "lack of interest" in developing his technological equipment."*

(Sahlins 1972:13)

While data from a historical perspective are unavailable, it would be hard to contend that the hunting and gathering food-quests of the now largely settled Pardhis of Nariar, gave them adequate diets. Their hunting quests are unlikely to have been 'remarkably successful' even in the past, given even a casual look at physical stature which is also determined by historical nutritional circumstances. Further as I describe earlier, the undependability of the Pardhi diet, and the expression of the Pardhis I allude to before '*If we happen to find it (the catch) then we are hunters (shikari), else we are beggars (bhikhari)*' is a literal truth on some instances, and reflects the unreliability of Pardhi diets. I do not share then Sahlins view of the 'affluence' of hunting and gathering diets or way of life.

Yet it is also true that the Pardhi worldview and economy does have some parallels to Sahlins descriptions of hunting and gathering societies and that aspects of the Pardhi worldview are possibly shaped by the nomadic past of the community. The key Pardhi economic occupation broom-making continues to depend on the 'commons'. The raw material – broom grass, is gathered in a precarious undertaking of cutting of leaves from a thorny tree, and is done it appears exclusively by Pardhi men<sup>213</sup>. As few others are involved in this gathering activity then, they as a community have a monopoly over the occupation even if the occupation remains marginal. While the broom leaves may sometimes be scarce leading men to travel further distances to gather it, by and large the gains from this work depend on Pardhi initiative. Furthermore, the wide range of birds and animals not-taboo to the Pardhi were also available from the commons, few other communities eat some of the particularly small game that the Pardhi do such as rodents and squirrels, which meant that though irregular some of the Pardhi diet was also met from the commons. The Pardhi took pleasure in this marginal and effort intensive hunting activity, and it too was dependent on Pardhi initiative<sup>214</sup>. Sahlins discusses the prodigality of the hunting gathering society, in his words a '*lack of foresight*', and "*the propensity to eat through all the food in the camp, even during objectively difficult times*" (Sahlins 1972: 30) and suggests that hunting societies trust in nature's resources is an explanatory factor for this prodigality, and their inability to 'husband' supplies. There are questions to be raised about the abundance of nature's bounties that were made available to the Pardhi as I discuss above. Their marginal diets, physical stature and poor health reflect this as do Pardhi perceptions about their own 'work capacity'. Having said this, it is important to recognise that the Pardhi economic livelihoods, as well as foods from hunting were dependent to some extent on the commons. While it is difficult to make claims on what may have shaped culture, and I am cautious about taking an overly deterministic position, the dependence of Pardhis on the commons and their nomadic lifestyles may have had an influence on Pardhi 'day on day' approach to food. Further the nomadic lifestyle important to hunters and gatherers also breeds a disinterest in material accumulation, given the difficulties in carrying it, wealth or assets may become a burden. In many ways it could be said that the Pardhis small homes and disinclination to accumulate were related to their relative disinterest in material assets, beyond subsistence goods. I do not propose the Pardhi history as a hunting gathering people to be the singular factor

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<sup>213</sup> None other from Nariar were engaged in this occupation, and the Pardhi did not speak of other communities engaged in cutting this broom grass either.

<sup>214</sup> Goran Hyden also discusses how the African peasantry in Tanzania, given that economic resources are not sharply unequal, and rural smallholders own the means of production are in the subsistence based economy relatively independent of the state, and relatively 'uncaptured', have the power to exercise 'exit options' where they may withdraw from or ignore demands put on them by state officials (Hyden1980: 25-26).

shaping their day-on-day outlook, their under-developed systems of food storage, and their perhaps prodigal behaviour. It is perhaps a historical factor that goes alongside their reality as a socially and politically marginal people who have seen few benefits from progressive legislation such as quota, and continue to be deprived and humiliated as a people.

## 7.5: CONCLUSIONS

In conclusion it could be said from our observation of Pardhi [non-] engagement in NREGA works that there are perhaps cultural and economic barriers that shape an underproduction and undernutrition cycle for the community as a whole, which also influences maternal endowments, and subsequently nutrition. We discuss that the Pardhi may be working to preserve for them fragile 'body capital', which puts arduous but economically attractive work out of the realm of consideration. Yet while nutritional endowments may limit Pardhi willingness to consider this work, there are also questions of bodily familiarity with the manual task to be undertaken in the NREGA project. The question of familiarity with the 'techniques' required to do this work, also shape how communities may engage in public works programme, and there parallels on this point seen even amongst non-Pardhi communities.

Furthermore, the overall disposition of the Pardhi is concerns with the present rather than an orientated towards the future, and this outlook shapes their everyday food purchase, consumption and storage behaviour in ways that are expressively sub-optimal use of resources. This ethic of non-accumulation reflects perhaps cultural imprints of the Pardhi hunting gathering identity. It is of course problematic to make causal assertions based on observational studies such as this one, and my discussions of the Pardhi situation in light of different theoretical propositions are not attempting to be assertive. Yet, it is interesting to examine the acute orientation in the present rather than in the future of this ex-nomadic people<sup>215</sup>, in light of Sahlins arguments with regards hunting gathering communities as well as in light of, and in interaction with their extreme social marginalisation, and exclusion that may partially shape their worldviews as Lewis (1971), and to some extent Banerjee and Duflo (2011) argue.

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<sup>215</sup> Who perhaps share characteristics with other previously nomadic, now 'ex-criminal' tribes, arguably amongst the most deprived social groups in India Devi (2002)

## Chapter 8 LOCAL POLITICS, THE EVERYDAY STATE AND CHILDREN UNDER 3

### 8.1: INTRODUCTION

This chapter discusses micro-politics as they mediate the everyday state in Nariar with a special focus on the primary public programmes that concern reproductive health and child development. The research themes of this chapter emerged from a desire to understand why despite programmatic efforts improvements related to reproductive health and child development were sluggish. The chapter is addressing the fourth research sub-question:

*How do local political processes mediate the everyday state and programmatic efforts for reproduction and child development?*

The empirical material in this chapter is accumulated from observations of related events across many settings and over many months, as they concern the setting-up of a new aanganwadi-centre in the village, under the Integrated Child Development Services (ICDS) programme. I also discuss briefly a second case, involving the community health worker or Mitandin programme, with a view to draw parallels. The general case is constructed from the particular, i.e. built from empirical material drawn across extended observation of related events that cross-cut social situations, rather than from a theoretical starting-point. Given this, the chapter can be viewed from a methodological perspective to fit with the 'situational analysis' or 'extended case study' methods as were popularised by the work of Max Gluckman and Clyde Mitchell amongst other social scientists known as the 'Manchester School' (Gluckman 1961; Mitchell 1983). The chapter also fits in with the body of work that examines the 'local state', and its many failures – corruption, capture by class and caste status and the blurred boundaries between 'state' and 'society'<sup>216</sup>.

In Section 8.2, I map the political landscape, and social situation of the village important for our discussion to follow. In Section 8.3 I elaborate the first case under discussion - which related to events surrounding the establishment of a second aanganwadi centre in Nariar. In Section 8.4, I discuss the second case - political undercurrents with regards the Mitandin Programme, a community health worker programme in Nariar. I focus in sections 8.4 and 8.5

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<sup>216</sup> See for instance Corbridge et al. 2005; Fuller and Benei 2009; Gupta 2012 (including on the ICDS) and from an international perspective Tendler 1997 (also on community health worker programme).

to elaborating the cases under discussion, and after drawing parallels between the programmes, in Section 8.5 I discuss implications in light of literature on local politics and the everyday state.

## 8.2: POLITICS AND POWER IN NARIAR: MAPPING THE ACTORS

As outlined briefly in Chapter 3, it could be said that the local politics of Nariar centred on the opposition between two centres of influence and power. The first affiliation aligned around the elected head of the gram panchayat Satish Yadav, from an OBC community whose family had a longstanding presence in Nariar. The ‘official’ sarpanch was Satish Yadav’s wife Rukmini bai, since at this time the seat was one mandatorily ‘reserved’ for a woman in line with provisions made under the 73<sup>rd</sup> amendment of India’s constitution<sup>217</sup>, yet this detail was largely irrelevant since for all practical purposes Satish Yadav was the ‘ruling’ head, and his being so was publicly acknowledged and expected. The other somewhat looser affiliation in the village centred around its oldest Sahu residents, the household of Rajesh Sahu - a previous sarpanch – who held office when Nariar was a joint gram Panchayat along with the village Nimgaon a couple of kilometres away. This situation, of the village being a joint gram panchayat had worked the numbers of the support base in Rajesh Sahu’s favour. Here too for a term his first wife Sarita held the ‘official’ position on a reserved seat, while Rajesh was effectively the Sarpanch<sup>218</sup>.

The families of the Yadavs and about 10 families amongst the Satnamis had a long history of living in the village. Satish Yadav lived in Nariar’s traditional core, its oldest and densest habitation the *basti*, in a ‘*pukki*’ or concrete house, adjoining the homestead of his larger paternal joint family. The *basti* was more ‘developed’ than other parts of the village, having a paved central street, being better served with common village infrastructure such as community halls, and also being the location of the gram panchayat office, the school, and the aanganwadi. The history of the Sahus as we discuss in Chapter 3 was more recent, going back about 45 years to the time when Rajesh Sahu’s father had purchased agricultural lands around the village. Over time near and far relatives had migrated and the Sahu

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<sup>217</sup> The 73<sup>rd</sup> amendment of the constitution came into force in 1993 and provided constitutional status to the Panchayati Raj Institutions. With a view to increase women’s participation in public life it reserved 33 percent of gram sabha seats, and 33 percent of seats for the Sarpanch, the elected head of the gram panchayat for women.

<sup>218</sup> The village of Nimgaon has a larger and more long-standing Sahu population than does Nariar. The Yadav’s have a larger and longer-term support base in Nariar’s main *basti*.

households had expanded to 7-8 by 2011, filling out the village periphery bounding the National Highway.

Still carrying some burden from the deviant reputation of being criminal tribes, the previously nomadic Pardhi community of petty fowlers and gatherers, as we discussed, were also relative new comers to the village. Nariar was one of their large settlements in the region, their presence growing from 3 households living a little distance south from the village in the 1970's, to about 50-60 households now across two *paras* lining both sides of the road running through the village that connected the highway to Nimgaon and further on.

While these *paras* were mainly Pardhi in composition, they had on their peripheries homesteads and *biaras* of other communities, migrants into the village or those that traditionally had dwelling units in the main *basti*, but were setting up additional homes, with a view to accommodate expanding families and also establish claims on progressively more valued plots of village land. Over the span of 50 years then, Nariar had largely grown north of the *basti* with the Sahun mainly occupying the highway end, and largely the Pardhis filling out the sides of the road running from it through to Nimgaon (See Map 3.1 in Chapter 3).

*“Have you seen the (large) size of their biaras (threshing field)? They have now even set-up a shop on the highway... ..while we who have been living here for generations have not marked out such large plots...”*

[Harish, CS HH Satnami-8 amongst the closest allies of the sarpanch, commenting on the Sahu homes and lands at the highway-end of the village]

Comments such as the one above were commonplace and reflected the overall atmosphere of antagonism that direct political rivalry for the highest seat of local power brought, and the Sahun occupation of strategic and increasingly high value lands in the village despite their relatively recent history in the village contributed partially to this. The Sahun and the Yadavs also represented opposites in terms of ‘party’ politics and their alliances had a territorial dimension. While Panchayat elections in India are not envisaged on political party lines, in Nariar political affiliations penetrate deep. Satish Yadav was an affiliate of the Bharatiya Janta Party (BJP), also the political party in power at the state government, while the Sahu affiliation lay more with the Congress. While spatial overlaps are not absolute and I do not seek to exaggerate the importance of party alliances for the everyday village dweller, the main *basti* is considered more ‘BJP’ mainly through affiliations with Satish Yadav, and the

relatively newer parts of the village, by association with the Sahus are viewed 'as Congress'<sup>219</sup>. Both sides worked to wield their positions and alliances to grow and maintain power and their quest to diminish the influence and standing of the other was not secret.

The Pardhi have shown some past alliance with the Sahus, yet overall as a community they are fairly ambivalent in their political patronage and 'outside' the game. Insular as a community, marginal to village life and without powerful backers outside the village they are irreverent to the powers that be and exceedingly cynical of the possibility of gaining any tangible benefits from their political investments. However their physical proximity to the Sahu habitation, and their dependence on Sahu shops in the village for groceries that are often bought on credit, has made their interaction and dependence somewhat greater on the Sahus and importantly they are seen as living in the Sahu side of the village.

Having established the background social situation within which our case discussions to follow are located, I go on to illustrate how key community-based public programmes of reproductive health child development in Nariar continue to be formed and undermined by local particularism and clientelism. I begin with the case of India's flagship Integrated Child Development Services and then briefly draw parallels with my observations of the Mitani programme.

### **8.3: ICDS IN NARIAR**

The ICDS programme in Nariar had overwhelming overall failures, fell woefully short of meeting its ambitious goals for integrated child development, and did near nothing for children under 3. Many of the obvious and widely recognised shortcomings of the ICDS programme as it exists in many states across India today (Ghosh 2006; Saxena and Srivastava 2009; Gragnolati 2006; Gupta 2012), were echoed in the experience from Nariar. Centre-based mid-morning feeding for any children largely between 3 and 6 years of age 'who may come in' was the programme's near sole focus, organised community outreach, health education and guided early childhood education activities were non-existent, there were glaring weaknesses in supervision and support structures, and children in the particularly vulnerable 0-3 age group were for the most part under-reached. Largely based in

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<sup>219</sup> There was little demonstration of any sharp ideological affinity that the Sahus or Yadav's demonstrated to one or other party, and this is likely to be a matter of chance or perforce adoption of one or other party depending on early alliances.

their homes, their only engagement with the ICDS was for immunisation in infancy, and it could be argued that not one child under 2 years of age in all of Nariar was actively or regularly fed the 'take-home ration' envisaged as complementary food, a key intervention for children under 3. The centres were usually utilised by a small proportion of the children eligible for its services, and at one centre, they were particularly conspicuous by their absence. The Pardhi whose children are the most compromised in terms of health and nutrition were also those least served.

I paint an everyday picture of the programme in Box 8.2 at the end of this chapter. My purpose though is to move beyond the denouncing of the programme and its unfulfilled objectives, and there is not the space for its complete critical appraisal. I seek to dwell in this chapter on the processes by which the social and political equations of the context mediate service delivery of public programmes such as the ICDS and the mechanisms through which they continue to exclude in particular the Pardhi.

### **8.3.1: A tale of two *aanganwadis***

When I came back to Nariar in Oct 2011 after having initially visited the village between October and December 2010 for scoping, I learnt that Kalpana, who during my 2010 visit was a newly appointed Mitandin or community health worker, an unpaid almost voluntary position with few financial incentives, had graduated a couple of months earlier to securing the position of an 'aanganwadi worker' or *karyakarta*. The village during my previous visit had one existing aanganwadi and in the span of the last year an additional aanganwadi had been allotted, and had begun its operations over the past 4 months. I subsequently refer to the long-standing aanganwadi as Aanganwadi-1, and the newly sanctioned one as Aanganwadi-2. Kalpana was a BA graduate and the wife of Harish, amongst the closest associates of the sarpanch in Nariar. The appointee on its other paid position in Aanganwadi-2, that of the 'helper' or *sahika*, was 'Rupkuwar Yadav' a sister of the Sarpanch, in her 40's who had been living at her natal home in Nariar for several years following a marital breakdown. I cannot comment unequivocally on the transparency or fairness in the process of selection of these candidates, but in the end-result both workers appointed at the new aanganwadi had favour of the current dominant political camp<sup>220</sup>.

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<sup>220</sup> There are guidelines to keep the selection of aanganwadi workers transparent, unbiased and independent of the village. While these may serve to prevent corruption to some extent, it is known that local political processes could play a role in candidate appointments.

To pause for a moment here to dwell on the meaning of gaining this 'service' job in village life of the region today. While agriculture and the farming of rice has formed the historical bedrock of the economy, and remains critical, economic life is progressively more diversified, and for the everyday small-medium farmer in the region of Nariar, the returns from rice farming are widely considered unattractive. While agricultural gains vary by obvious features such as farm acreage and household size amongst others, by and large most farm units are small and agriculture is seen to make a partial, unreliable and increasingly small contribution to household incomes and fulfilment of its needs. This is despite the notably higher than market value prices at which the government, the largest buyer, procures paddy in Chhattisgarh<sup>221</sup>. A variety of non-farm mainly informal sector occupations that men engage in, and household cottage businesses, contribute to incomes<sup>222</sup>. Importantly, for the younger generations today, the actual 'doing' of farming does not hold prestige or aspirational appeal. Young men in Nariar, especially those in higher education are apologetic of their agricultural roots or work involving effort intensive manual labour. There was one interaction that was particularly telling of the aspirational landscape. One afternoon I casually asked the sarpanch by way of greeting, if the '*nindaī*' or weeding activities in his fields were going well (this was at the height of the busiest and most effort intensive of agricultural seasons in the region which begins as the monsoon tapers of). I was somewhat surprised by the sarpanch's embarrassment at being asked this question. While he answered summarily in the affirmative, I realised that my asking this question was a momentary blow to his self-esteem. That I, the madam who came to Nariar from the city and the university should in the end-analysis continue to associate him the sarpanch as concerned with lowly agriculture, and not with the superior business of being headman, managing progress or '*vikas*' and bringing of name and fame to Nariar that he saw himself the torch bearer of<sup>223</sup>. While the

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<sup>221</sup> Chhattisgarh is a 'rice-surplus' state, and political parties compete fiercely to offer high Minimum Support Prices (MSP) for the procurement of paddy. The state is the largest procurer and the MSP is seen as attractive and as significantly – about 20 percent - higher than the market rates, or those offered by private rice millers who also purchase rice.

<sup>222</sup> Profits per acre of land work out to about Rs. 10,000 (See Chapter 4, Table 4.1), and this was after 4 months of labour. Most families usually had smallholdings of land jointly held. Furthermore, since land prices have peaked dramatically (titled lands closer to the highways fetch astronomical sums, up to Rs. 30, 00,000 or 36500 GBP/ acre) many families had sold land for cash. Households whose main incomes come from service jobs may sharecrop their lands away or employ labour for almost all activities in agriculture. Young men certainly do not see agriculture or sometimes even manual work as holding prestige.

<sup>223</sup> Interestingly, the business of 'development' was seen by him, almost entirely and totally as 'show business', and his own prestige and self-worth was linked to the image of himself as the bringer of name and fame to Nariar (this was entirely divorced from the motivations to implement programmes as per their objectives), the organisation of big ticket meetings or '*karyakrams*' that filled the village courtyard with cars of officials and the air with the sounds of speeches on loudspeakers, was seen as 'achievements' in themselves. He measured his success by his abilities to draw in programmes, or awards to the village – bring in a minister to the village on a religious function, have the village receive an award or equipment. The fact that awards did not reflect development on the ground was inconsequential.

sarpanch's response may fall on one end of the spectrum, I found it reflective of a viewpoint common to many in the region - a desire to move away from the physical 'doing' of manual and agricultural labour, extending to a larger rejection of traditional occupations such as grazing of village cattle and aspirations to associate with what more respectable and economically more remunerative occupations, amongst which the 'service' job by far held the greatest appeal<sup>224</sup>.

Few opportunities for 'service' of any shape or form are forthcoming though, and as is recognised from research in rural India all are highly sought<sup>225</sup>. A position with the government is unbeatably more attractive over the private on pay, perks and job security. Topping the hierarchy of government jobs, the most envied are positions of the schoolteacher or *sikshak* and the panchayat secretary or *sachiv*. The aanganwadi worker falls lower in the hierarchy of jobs as such, since conceived officially as a part-time village based 'volunteer' who is paid an 'honorarium' for her services, she is not a full government servant, and her employment rights and pay not comparable by far to those of regular government employees<sup>226</sup>. However, in light of overall opportunities for village women, it is usually a prospect without parallel for part-time within the village activities, a job virtually for life where entry specifications in terms of education requirements are relatively low, and hence one for which there is extraordinarily high competition. Kalpana's summary response to my question on whether many women had applied for the position of the aanganwadi worker that she finally got was, "*Kaun Chodega?*" or *Who would let it pass?*

Even positions lower down the hierarchy - such as those of a sweeper or cook at the school, the *sahika* or 'helper' in the ICDS programme or affiliations that do not offer the same assurance of monthly incomes or prestige, such as those of the community health volunteer

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<sup>224</sup> The Sarpanch's nephew was proud to tell me that he (and others from his family) 'did not know' how to graze cattle, and have never done this work. Women from higher income or economically upwardly mobile households were likewise sometimes proud to proclaim that they did not go to the *khet* or fields (there was also a generational and individual dimension to this, and older women even from economically well-to-do households may go to the field). In the height of the *nindai* or weeding season, I happened to meet the sarpanch's wife (herself the 'official' sarpanch) after she had come in from the fields, and she appeared to feel a bit 'caught-out' about having come in from manual work in her own fields'. In another example a young man I met coming away after work at a NREGA field site one morning, was quick to clarify that he was infact studying engineering in a local college, and was just 'helping out' his mother in the family NREGA plot (thereby encouraging me to not associate him with lowly manual work). These reactions were irrespective of my expressing no value preference on judgement of manual or other forms of work, and can be understood as reflecting the aspirational environment, and shared norms of work prestige.

<sup>225</sup> See Parry (1999) for an account also from the context of Chhattisgarh, and labour employment in the Bhilai steel plant.

<sup>226</sup> I discuss further on in this chapter the debates relating to the positioning of the aanganwadi worker and the Mitanins as representatives of the government or of the community, debates which have shaped conceptions of the honorarium or pay they should receive. The aanganwadi worker's pay is significantly lower pay than that of the teacher, nurse, or the ICDS supervisor for instance.

or Mitani<sup>227</sup> or a member on women's groups responsible for the foods supplied to the school or ICDS are highly sought. They hold the promise of some, howsoever small, regular monthly cash flows and/or other benefits of association such as performance linked incentives, or the possibility to take some food home on a regular basis from maybe the school or the aanganwadi, as well as the hope of better future returns<sup>228</sup>. Any position – big or small, paid or near-voluntary - signifies influence over public resources, and ultimately political power.

Officially Aanganwadi-2 was requested and sanctioned in the name of the Pardhi habitation as the village already had an aanganwadi located within the main *basti*. Once the aanganwadi was on the books however, and was to become operational, its location was conveniently arranged in a property also situated within the main *basti*, to be officially rented from the panchayat<sup>229</sup> close to both Rupkuwar's and Kalpana's homes and a short distance away from the village's older and already established aanganwadi. The aanganwadi literally means a 'courtyard-shelter' and since children under 6 years of age are its key intended users, its 'neighbourhood' location is particularly stressed. Having both centres in one overall side of the village had obvious distributional problems in this regard, and furthermore, the Pardhis as a community were acknowledged to be of visibly poor health. Both the nurse and health trainer acknowledged this. While there may be views on the reasons for their conditions, the fact itself was not contested, so from the state and welfare perspective, there was a clear case to have this community served.

The *karyakata* or aanganwadi worker of Aanganwadi-1 was Shailaja, and its *sahika* or helper Akhila bai, a Pardhi woman of about 50 years, one amongst the two persons from the Pardhi to hold any job in the village. Shailaja was from the Nishad community, the only family from this OBC community in the village. She had moved to Nariar about 20 years ago when her husband was working at the local rice mill about half a kilometre from the village. Being outsiders, they had built their house on the outer periphery of the Pardhi habitation, northwest of the main *basti*. For Shailaja, the appearance of the second aanganwadi and the appointment of Kalpana as its *karyakarta* threatened a dilution of power, a splitting of numbers and budgets and perhaps greater checks. Furthermore, the relationship between Shailaja and the current Sarpanch was marked by antagonism and this was evidenced in

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<sup>227</sup> No official monthly payments, but some performance related incentives, often hard to come by.

<sup>228</sup> Considerations that perhaps their positions may be 'regularized' in the future through organization.

<sup>229</sup> For which funds were directly credited into the bank account of the aanganwadi worker. There were some indications from an interaction with the supervisor that the 'official' recording of the rent-exchange was not assiduous. i.e. rent receipts were not filed for the new aanganwadi.

several overt and more concealed instances. Shailaja had been appointed as the aanganwadi worker during the time when Rajesh Sahu was the sarpanch, furthermore she resided at the periphery of the Pardhi habitation, which was as she put it, viewed by the Sarpanch as being from the 'congress' side of the village. The sarpanch over various interactions tried to impress on me a negative image of Shailaja – she was not doing her job, she kept the aanganwadi dirty which is why children were undernourished, she did not account for the public rations she received. Shailaja was less direct about her complaints, more circumscribed and initially somewhat diplomatic in how she voiced them, but over many conversations it was apparent that her political allegiances lay more with the Sahu. The sarpanch on his end did not fulfil his responsibilities on aanganwadi programmes with discreet affronts such as not formally announcing (the formal *muniadi*) the Pulse Polio campaign because it was Shailaja's work and held at Aanganwadi-1.

#### **Box 8-1: Some examples of clientelism**

A look at the infrastructure in the village and the distribution of opportunities made local clientelism obvious. Watching the NREGA works in 2012 for instance, it was apparent that all appointments to administrative positions – those related to verification of muster rolls and other such supervisory responsibilities - were distributed largely between friends and associates of the current sarpanch. Among them was Harish, who is the aanganwadi worker Kalpana's husband, apart from his educated nephew. NREGA also had positions for 'water bearers', a sought job as it meant the same NREGA pay without the 'toil' of digging/lifting soil. These water bearer positions were distributed to associates amongst friends.

Similar patterns were observed for any other activities that involved work around the Panchayat - such as panchayat painting jobs and other such. Similarly with women's groups/committees for the production of ICDS foods. The Sahu camp had some connections with the school system in the village, and some of the staff school sweepers or cooks were it appeared affiliated to the Sahu. Furthermore, while it is apparent that village infrastructure developed in the time of the current sarpanch is concentrated in the basti, infrastructure built during Rajesh Sahu's time was almost entirely at the Sahu doorstep. Otherwise almost entirely unused, a community hall built during the Sahu years hosts an annual - rival to the main basti - 'Durga Puja' celebration also as an opportunity to galvanise and display the political support base.

The spatial concentration of both aanganwadis in one overall part of the village was evident. The aanganwadi represented an on-going government service; a symbol of 'vikas' or development and the Sarpanch would have liked both located within the main basti or in the region of his support-base, rather than in the other *paras*. In matters relating to the distribution of any infrastructure, opportunities or services, lofty considerations of social equity, relative need, elimination of under nutrition, removal of poverty, due process and so on found little place. The motives of maintaining and cultivating allies in the power race were

unyielding. In any case, even beyond clientelism, on matters of rent seeking, things could be pretty ruthless - even bereavement pay-outs in Nariar did not escape the cut<sup>230</sup>.

The idea of Aanganwadi-2 being located in the Pardhi habitation, and the prospects of having Kalpana or Rupkuwar compulsorily work and serve the Pardhi-side of the village, walk through and 'roam' the Pardhi/Sahu habitations where they did not live was not appealing. Further, the Pardhis were viewed as dirty, unkempt, rude, immoral and irreverent<sup>231</sup>.

As an attempt to 'officialise' the territory of Aanganwadi-2, I found that in a private exercise, a register had been drawn chalking out households falling in the main *basti* using the village voter list. Conveniently wards 5-10 in the voter list happened to fall in this older part of the village (1-5 falling in the Pardhi/Sahu side), and thus wards 5-10 were in an informal register allocated to Aanganwadi-2, while households in the newer paras were by exclusion assumed to be served by the existing Aanganwadi-1, irrespective of Aanganwadi-1 being the longstanding aanganwadi also located in the *basti*. Involving little public discussion, and indeed not in confidence with the existing aanganwadi worker Shailaja, the intentions driving the exercise could hardly be masked.

To begin with though, the official explanation given to the ICDS Supervisor Shubhlata (who is Shailaja's and Kalpana's superior and 'boss', and a 'full' government servant) was that the Pardhi para did not have a '*mangal bhavan*' (the local name for a common community hall), and this made it impossible to locate the centre there. The 'Supervisor' who comes in from Raipur where she lives on an about monthly visit to 'monitor' the ICDS<sup>232</sup>, and otherwise not infrequently for her mandated participation in any big-ticket meetings or *karyakrams* that Nariar is subject to (and through which Nariar's men in the high positions 'realise

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<sup>230</sup> Source: Informal conversations in the aanganwadi – between the aanganwadi worker Shailaja and Anita the Mitanin, in the context of conversations about a recent death in the village. The reasoning extended by the panchayat office bearers is that since they (the sarpanch's office) are putting the papers forward, some monies will be taken. The monies are taken 'prior-to' putting in the paper-work for a bereavement pay-out, since the payout monies from the government when they arrive are directly debited into the bank account of the bereaved, and once the monies are in the account, it would be difficult for the sarpanch's office to extract a commission. It is therefore extracted in advance.

<sup>231</sup> I was advised oftentimes in my best interests to not speak with the Pardhis, since they were dirty physically and morally - Madam do not go to them, that's also where you find the dirty things happening – "*wives running away, illicit affairs and the like*" said one informant. The Sahu doctor Dinaram, for whom the Pardhis were patients he profited from, told me that the Pardhis were those from whom 'even water' must not be drunk.

<sup>232</sup> The Supervisor in the ICDS programme oversees or supervises the activities of approximately 25 aanganwadi centres in these parts. Her position is that of a full government servant, funded by the central government, which somehow makes it more prestigious 'more secure than secure', and lives in Raipur. One of the common critiques of their role is the lack of any real support for the activities of the aanganwadi workers role that they actually offer the aanganwadi worker. Given that Nariar was right on the highway and relatively easy to reach, it was a village she visited more often than others in her beat.

themselves' as it were)<sup>233</sup>, was not very convinced about the need for a change in location of the centre, or inclined to intervene in the matter. In one of our first meetings, it was she who had mentioned that the centre was given 'in the name of' the Pardhi para, but that this para had no building that could house the centre, while also acknowledging that 'they' (referring to the Sarpanch, and the village folk around him) preferred to have it in the main basti. The fact that the Supervisor was surprised to hear from me, that the Pardhi para did infact have a building that could house the centre, not a building with the utmost upkeep but one that could readily be done up, speaks volumes about the quality of her work, informants and engagement in a village that she had been visiting for about 3 years at the time (I did not in all my interactions with her once see her walk through any lane of the village that fell outside her usual path to the aanganwadi, or have a substantive conversation outside her narrowly conceived supervision activities).

The absence of a quality *mangal bhawan* in either of the Pardhi habitations is in itself an overt revelation of the political economy of resource distribution<sup>234</sup>. Yet, putting the supervisor's lack of engagement, and the state of affairs regarding the distribution of village infrastructure, aside for the moment, a point to note is the supervisor's approach to the question of the location of the ICDS centre. Being independent of the village in terms her own residence, source of remuneration, and lines of supervision, and being the manager of the programme, she was in a position to influence the location<sup>235</sup>, but her own convictions on this question were ambiguous and the matter not important enough for her to 'rock the boat'. She decided to choose the path of least resistance by letting 'them' decide. Her opinion as she expressed it to me in that early meeting was that while we could have a view on where the centre should be (in this case she did not herself have an immutable view on the matter) it is 'they' who have to live here, and hence it is not worth forcing an opinion.

Since it was but obvious that both aanganwadi were in one side of the village, the Sarpanch had made the case for the moving of Shailaja's centre Aanganwadi-1 to the other side,

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<sup>233</sup> Being easy to reach; having received a Nirmal Gram Puraskar award (an award for total sanitation received by Nariar irrespective of acute inequities between habitations on sanitation); and perhaps due to the connections built by the Sarpanch, Nariar is a village often selected for visits by dignitaries, IAS officers and for larger programmes or '*karyakrams*'. The Sarpanch viewed such visits by a mantri/minister as 'achievements' in themselves. This bringing of 'name and fame' as I discuss before was what the Sarpanch truly cared about and what motivated him.

<sup>234</sup> Apart from one small poor-quality building in one of the Pardhi habitations, the public bhavans in Nariar cluster around the main basti, with one at the doorstep of Rajesh Sahu's house

<sup>235</sup> Corbridge et al. 2005 note for instance the vulnerability of even higher status officials, within the bureaucracy, and given that they have to work with local actors.

arguing that she lived in 'that' para, and that her loyalties should therefore lie where she lived and she should be happy to serve *her para* and *her* ('its') *children* (an argument he also echoed to me at a much later date when he felt I had been 'co-opted' about the matter by Shailaja and her camp). For Shailaja, moving the location of the centre came with some ambiguities. Shailaja was initially open to the idea, especially as she was entertaining the possibility of letting a new extension to the family house as the rented space for the centre (locating the centre at her home would have meant that these rents could come to her, and also her work could have remained in the sphere of her home (this blurring of home and work space is commonly seen as problematic in the ICDS and other public systems and undermining accountability)<sup>236</sup>. The supervisor though had instructed that since the existing *bhavan* or building for Shailaja's centre was not a panchayat building, but one that belonged to the ICDS department, and was as she put it, in 'Shailaja's name', i.e. Shailaja was recorded as the worker of this longstanding aanganwadi, it was advisable for her to stick to the current location (Aanganwadi-1 was built with ICDS not Panchayat funds). There were some advantages to the existing location. It was central, next to the Panchayat office and school, the 'official' centre visited on any official events, the location for the monthly reproductive health and immunisation activities. Shailaja was the 'known' aanganwadi worker also called upon for other monetary incentive-based jobs such as during the pulse-polio rounds so all in all - business as usual - was also fine with her<sup>237</sup>.

At one point the sarpanch and Shailaja had a more acrimonious fall out. As Shailaja put it *the sarpanch picked a 'fight' with her* and Shailaja in retaliation involved Rajesh Sahu in putting in a formal complaint over the matter of the location of Aanganwadi-2<sup>238</sup>. Rajesh Sahu, took on the opportunity to 'pull down' Satish Yadav, through this official process, for what it was worth. As the official procedure took root, the Sarpanch was subsequently called in to face official questioning about the new centre's location, also in the presence of Rajesh

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<sup>236</sup> Priorities of the domestic sphere sometimes override work priorities and undermine accountability, thus keeping home and centre physically distinct is recommended. From my own experience of working in public health and many discussions with bureaucrats responsible for health and ICDS programmes, once merged, it has often proved difficult to separate established practices of centres being used as residential spaces, or residential spaces as centres – in the ICDS and with respect to Health Sub-centres which may become private residences of the nurse.

<sup>237</sup> On one occasion since she was the point of contact through the nurse, she had engaged her husband and Mitani friend Anita as the Pulse Polio workers, who were paid an incentive for the temporary assignment.

<sup>238</sup> It is interesting to note here how all the women involved operate somewhat diplomatically, involving the 'men' in leadership and other positions to negotiate on their behalf. Knowing that I was interested in the 'politics' of this case, both Kalpana and Rajkuvar on whose behalf the negotiations to keep Aanganwadi-2 in the basti were undertaken, feigned lack-of-knowledge about matters shaping the centre's location, evasive to my questions taking a more moral line, and declaring that they 'just' did as was advised, and were only concerned with their responsibilities. Similarly Shailaja was diplomatic in how she positioned her own role in the complaints process, maintaining that it was Rajesh Sahu who actually did the complaining.

Sahu, and other - external to the village - 'officials'. I chanced on the Sarpanch after this encounter, and I found his ego and prestige hurt by this official complaint process, and on having been 'pulled up' by Shailaja and Rajesh Sahu. Furious with Shailaja, on this day he let out that if Shailaja was not a woman, he would have dealt with this in a 'physical' manner, and it was only because she was a woman that he let it go. Yet, this did not prompt the change in location and when I left in August 2012 and a year and 3 months since the new aanganwadi was sanctioned, both aanganwadi continued to be where they were in the main basti, and when I checked in May 2013, the locations remained the same.

The obvious implication of this process was that the Pardhi children did not have the centre in their midst and would never go over to the *basti* on a regular basis. A habitation location in the context of Nariar was key to having children access a centre, and a usual complaint about the existing centre was that it was too far, with children having to go along or cross the road where trucks often plied. Other implications of this long-standing antagonism were that the Sarpanch continued to use discretion in ways that worked against interests of public health. This was for instance, by using discretion to not facilitate an official '*muniadi*' or 'announcement' about the Pulse Polio programme, by denying Aanganwadi-1 a simple extension of electricity, a paint job or minor repairs - all of which were easily done.

It is important to note here that from the point of view of the community at large, outside the actors directly involved in our case-analysis, the location of the centre was of little interest to most. Discussion about the centre's location was absent and there was little organic demand by residents of the other paras of the village to have the centre located in their habitations. The Pardhis had little knowledge that Aanganwadi-2 was sanctioned for their 'side' of the village and even if a couple of individuals were aware it was not a matter that stirred any passions. This point on poor community interest is also related to the fact though that historically ICDS services have been of poor quality<sup>239</sup>.

Observers of the ICDS nationwide have recognised the major limitations of the ICDS, including of programme design, and these clearly shape programme achievements. At the village level though the case discussion illustrates that consideration of personal interest rather than public welfare shaped everyday thinking about the programme, though there are some activities of public benefit (See Box 8.2). In the context of Nariar, had Kalpana and

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<sup>239</sup> An IAS office in Amravati Maharashtra, in a meeting I was part of commented on this lack of public demand for the ICDS. He argued that he got complaints from villagers if a school did not open, but that no one knocked on his doors complaining that the ICDS had not opened in a village for some days. This reflects to some extent poor demand for the service, though there are examples, notably from Tamil Nadu of effective ICDS performance.

Rupkuwar been forced to move with Aanganwadi-2 to the Pardhi habitation, it is unlikely to have run with any conviction or have been utilised by the Pardhis either. In its current location within a spacious *bhavan* within the *basti*, Kalpana's Aanganwadi-2 did a noticeably better job of feeding children than did Shailaja's Aanganwadi. Rajkuwar the helper at the new aanganwadi was reasonably organised about the cooking and cleaning, and many more children (18-24 on a usual day) came to Aanganwadi-2 than they did to Aanganwadi-1 (4-7) on a given day.

## 8.4: PARALLELS WITH THE MITANIN PROGRAMME

With a view to further elaborate how political particularism operates, I draw briefly on observations with regards another case, relating to the community health worker or Mitanin programme, and draw parallels between the two cases.

Chhattisgarh's flagship Mitanin programme, was an early example of a state-wide community health worker programme, and served as a front-runner and example to the national Accredited Social Health Activist (ASHA) programme. The Mitanin, is a habitation-based health volunteer, and in 2012 Anita and Sheetal were Nariar's two Mitanins<sup>240</sup> while Ashwini, Rajesh Sahu's second wife was the 'Mitanin Trainer' and the superior of Anita and Sheetal (though unlike the 'usual' ICDS Supervisor – Aanganwadi worker relationship, the Mitanin Trainers activities involve more active support to the 10 Mitanins that they oversee)<sup>241</sup>. Both Mitanins were Satnamis. Sheetal lived in the main *basti*, and she was appointed when Kalpana moved on to the role of the aanganwadi worker<sup>242</sup>, while Anita who lived on the road by the Pardhi habitation had been a Mitanin for 10 years, right since the programme's inception, at a time when the programme offered no financial incentives to volunteers. This is important to note as Chhattisgarh was a state that began the programme with a strong health 'volunteer' rather than paid 'worker' focus, which was seen as critical to getting candidates with motivations that were 'altruistic' or conducive to facilitating

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<sup>240</sup> In Chattisgarhi, the word *Mitan*, is a ceremonial 'friend' (a term referred to address ceremonial friendships/fictive kinships across caste/tribe criteria). The programme built on this cultural meaning of the word to position the health worker as a 'friend', and someone who was approachable.

<sup>241</sup> Being managed by a fairly unique civil society structure at the top, the programme is not quite so 'governmentalized' and retains a civil society character, yet it too faces many challenges that come with implementation at scale. The serious shortcoming of the ICDS programme is known to be its supervision.

<sup>242</sup> Kalpana's stretch as a Mitanin had been short – only a few months, and there were a couple of other Mitanins prior to her as well.

community health. Any candidates who may have been fielded with the primary objective of receiving financial rewards or 'employment', dropped off when none were forthcoming for some years.

While it is unrealistic to expect that Anita had no hope for financial remuneration, she had stuck with the programme through the years of no financial incentives, and had undergone many 'rounds' of health worker training organised for the programme. By my observations over the year, she was perhaps among the more suited and inclined candidates for the role of a health worker in the village. The Pardhis were still excluded in Mitandin representation, but Anita over the 10 years had significant training, and also served the Pardhi *paras*.

Over the years (since the ASHA programme came about nationally in 2008), some small performance-based incentives had been introduced for the Mitandin, mainly around her roles in immunisation and facilitation of institutional delivery. These were very welcome to both Mitandin, and there was always the hope that with organisation and lobbying something more permanent by way of financial remuneration will come about. Whether these are desirable or not from a programme perspective is much debated by policy makers nationally though, as has this worker-activist role or her conception as a 'lackey' or 'liberator' in the international history of community health worker programmes (Werner 1981). These debates also find some echoes with the more structured and systemic but still community-based in conception ICDS programme.

Anita had over the past few years got a job as a sweeper in the village middle school, which gave her a small fixed monthly income. Being Shailaja's friend, living in the other *para*, and having Ashwini, Rajesh Sahu's MA educated wife as her boss, both she and the Mitandin programme - seen by the Sarpanch as 'their' programme - were excluded from his favour, and this had its consequences.

The Mitandin *divas*, or the 'Mitandin Day' was a case in point. In November 2011 the first state-wide Mitandin *diwas* was to be held in Chhattisgarh, the idea being that Mitandins, conceived as community representatives, volunteers and health activists, be felicitated on the day by village panchayats, who they are expected to represent and be accountable to<sup>243</sup>. The idea was that this event would bring some recognition to their activities, along with public prestige, and be a morale booster to the programme that was also aimed to promote altruism. Mitandin Trainers such as Ashwini were to facilitate this programme in the 5 villages

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<sup>243</sup> The positioning of the worker in the community and her accountability, whether she should become the last rung of the health system, a flunkey below the nurse or whether she should represent the community in a more activist role has been a central and unresolved debate, key also to the worker-volunteer dilemma.

they oversaw, and to encourage the sarpanch to take the lead in the felicitation. In Nariar, Mitantin *diwas* was not a priority, and was reduced to the bestowing of a token coconut. Ashwini, being Rajesh Sahu's wife, and the direct political opponent did not take special efforts to facilitate Mitantins in her own village Nariar because she saw little scope of making inroads in organisation of a public programme relying on panchayat resources in an environment where the sarpanch was hostile to her. She instead concentrated on 'making the Mitantin Day a success' – which means ensuring appropriate fanfare in felicitation - in another village also within her watch<sup>244</sup>. Anita pointed out that the Sarpanch "*did not 'even' make it a point to be present, going away outside Nariar on the day*", while in some other villages, to the envy of Nariar's Mitantins, there were reports of gifts of shawls amidst complimentary speeches with appropriate fanfare.

The day could only have been tokenistic, since Satish Yadav, through some months, had been pressurising Anita to leave the position of the Mitantin, arguing that she was holding two jobs that of the sweeper, and of a Mitantin. Anita was not keen to give up being the Mitantin, and argued that being a Mitantin was not a 'job', since it had no assured income and only small financial incentives<sup>245</sup>. Ashwini had continued to keep her as the Mitantin and for some months this situation had floated along.

I picked up on this story again, at an encounter outside the village in April 2012, at the monthly reporting and planning meeting held at the referral Primary Health Centre (PHC) about 8 km from Nariar. This meeting is usually held between the PHC doctor and 6 nurses responsible for about 15 villages in the catchment area. In the middle of the usual goings on, i.e. tabulating the monthly health service records for the Management Information System (MIS), the doctor who was disconnected from the details of the villages or their context (doctors are PHC based if at all and usually do not visit villages unlike the nurses who make a monthly call), all of a sudden brought up the name of Anita the Mitantin - asking who she was, which village she served and who the nurse that oversaw her activities was. The doctor reported that he had received a complaint from a village sarpanch that Anita held two jobs – and this meant that she would have to be dismissed as a Mitantin.

I queried whether dismissing Anita was a good idea, given she was trained and experienced. However the doctor's view was that her being experienced and trained was all very well, but

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<sup>244</sup> Ashwini had run into a brick wall on another occasion where she was asked to raise public resources, with a view to enhance community participation around public health for a malaria prevention programme.

<sup>245</sup> In Chhattisgarh the incentives are even smaller than they are in other states of India since Chhattisgarh's programme predates the ASHA, and has a habitation-based worker for every 400-500 persons, unlike the national ASHA at the 1000 population norm – incentives are organised for a 1000 population norm.

that if the Sarpanch had sent in a 'written' (as against oral) complaint this would have to be responded to, else there could be further actions against him, the doctor, for not responding to the matter. '*We have to listen to them*' he said. This incident to me was further illustrative of the complete disconnection of actors from sometimes even the reflection on or consideration of the actual objectives of their office.

I left Chhattisgarh in a few months after this PHC incident, though over a year later in July 2013 Anita still continued to be the Mitantin.

There are many parallels that can be drawn from the two cases under study. Both the Mitanins and the Aanganwadi worker are conceived from the programme perspective as being not full service providers but also as activists or volunteers, who are paid an honorarium or incentive. Yet we see that workers themselves do not conceive of their own roles as 'altruistic'. Further, considerations of maintaining and furthering political-power and patronage networks are paramount, such that they make objectives of public-good, social welfare, the 'purpose' of state programmes, equity in service distribution and fair-play subservient. The longstanding Mitantin Anita for instance becomes a virtual pawn in the vindictive efforts of the Sarpanch who from pursuing her removal, seeks to score a point on the 'congress' side of the village<sup>246</sup>, considerations of protecting political and personal interests lead the Sarpanch to work to not having women-workers or Aanganwadi 2 move to the Pardhi location, and petty [in]actions such as the Sarpanch's refusal to officially 'announce' Shailaja's 'pulse-polio camp' illustrate how entrenched such motivations can be.

Furthermore, we see in both these cases that the inclinations of higher-status officials, such as the Supervisor of the ICDS programme, and the doctor in the Mitantin case are to leave decision-making to the village elected powers that be and interfere little on the matter. Moreover, while rules are overlooked and ambiguities exploited when it comes to protecting private over public interests, we see that both Shailaja and the Sahun in the case of the aanganwadis, as well as the Sarpanch in the case of attempts towards Anita's removal as a Mitantin, employ official bureaucratic procedures, to further their positions. What do these cases reveal about the everyday state and public programmes, and what may be larger lessons that we can draw from their examination? I turn now to this discussion.

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<sup>246</sup> The 'Congress' and 'BJP' village sides map broad political alliance with parties but not to any formulated ideological affiliation with one or other party.

**Photo 8-1: Kalpana's Aanganwadi at the edge of the basti (Aanganwadi-2)**



**Photo 8-2: Rupkuvar washes down Aanganwadi-2 at the edge of the basti.**



**Photo 8-3: Measuring height in Aanganwadi 1 - A doctor visits during a village government event.**



## 8.5: DISCUSSION

*“The love of the intellectual Indian for the village community is of course infinite, if not pathetic....What is a village but a sink of localism, a den of ignorance, narrow mindedness and communalism?”*

[BR Ambedkar - in the context of the discussions on the Panchayati Raj Act during the constitutional assembly debates in November 1948].

Ambedkar’s provocative statement from 1948 has been much discussed in the context of decentralisation in India. Some have argued that his words were misused by opponents of decentralisation to claim that Ambedkar was opposed to Panchayats and the idea of devolution<sup>247</sup>, contending instead that Ambedkar’s argument was for inclusive affirmative action with a view to protect minority rights and representation in panchayats. It is important to note though Ambedkar’s mocking of utopian notions of villages as self-sufficient republics<sup>248</sup> and view his statement in the context of our case material gathered 64 years after it was made, and nearly 2 decades after the 1993 constitutional reforms which formally recognised panchayats as ‘the third tier’ of government<sup>249</sup>. We see from the empirical material presented in both cases that local politics considerably mediates the everyday state which appears to fail on multiple levels<sup>250</sup>. While I do not pretend to have nailed every nuance in both these cases or seek to pass overarching judgements on the actors, the two cases illustrate the overall environment and opportunities within which individuals, their aspirations and actions are situated, they illustrate how entrenched and unabashed political particularism can be and continue to work in ways antithetical to the conception and objectives of public programmes. My observations from Nariar corroborate other evidence that decentralisation - whose case is founded on the idea that greater participation in local affairs will improve the quality and reach of government vhbjnb services – is not

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<sup>247</sup> For instance T.R. Raghunandan, an IAS officer and a former Joint Secretary and Government of India, Min of Panchayati Raj argues that Ambedkar did not oppose devolution, but was convinced that Panchayats would not provide modern and inclusive rule without affirmative action or representation of minorities). Discussed in his blog. <http://accountabilityindia.in/raghubytes/decentralisation-ripon-ambedkar>

<sup>248</sup> He argued that village republics had been the ‘ruination of India’ [BR Ambedkar during the constitutional assembly debates, November 1948].

<sup>249</sup> By the 73rd amendment to India’s constitution, in 1993.

<sup>250</sup> It has been pointed out that while the state is spoken of as a universal category or of having a unitary voice, the ethnographic focus makes evident that it is indeed not a unitary or universal category (See Gupta 2012: 44-47, Fuller and Harriss 2001: 2-10).

unambiguous, and that the process often serves to empower the local elites (Johnson 2003)<sup>251</sup>.

In examining how the state on multiple levels appears to have failed people, a body of literature has discussed for the context of India the general 'embeddedness' of state in society, (Corbridge et al. 2005, Harriss-White 2003, Fuller and Benei 2009), and Harriss-White's conclusion from a review of case-studies that there is little separation between 'state' and 'society' for *India of the 88 per cent* (her phrase)<sup>252</sup>, rings true for Nariar. While the sarpanch is an elected representative of the people paid only an honorarium, he mediates the mechanisms of the local state and is in fact for practical purposes a face of the local state – in Nariar working or consulting closely with the *Sachiv* or Panchayat Secretary a grade 4 government employee, on official matters with regards procedures for bureaucratic negotiation and public programmes (we also discuss with regards NREGA in Chapter 7). As Harriss-White discusses (2003: 89), formal representatives of the state play 'shadow' roles and are part of the 'shadow state', and these roles oftentimes spill into the private 'domestic space'. Further, part of the shadow state are a range of people living on state-intermediation, i.e. for instance those that live off contracts from the state and on corruption (2003: 89).

Another pertinent point that Harriss-White makes is with regards the norms of the 'shadow state' becoming the norms of society. In Nariar, corruption is taken for granted and is so routine that it does not evoke the slightest outrage, and even bribe giving is rationalised (though as we have noted, and discuss further on, formal disapproval and bureaucratic procedures are taken recourse to, primarily from the point of view of power-play). Even bereavement pay-outs from the government in Nariar do not escape the cut. It is not expected of those in a position of power to behave differently, and my informants mentioned that the in-advance payment was rationalised as a fee for handing on the 'paperwork' of the bereavement pay-out (the official pay-out from the government would come in the payee bank account directly, making it difficult to extract a fee for panchayat representatives later). In this light, the indiscretions of those lower down the hierarchy almost became a matter of right, and entirely excusable. For instance perhaps at the bottom of the hierarchy of our aanganwadi case was Akhila bai, the Pardhi woman, politically un-connected and amongst the 2 Pardhis in Nariar in a lower end honorary position - holding the job of the cooking and cleaning 'helper' at Aanganwadi-1. Her cooking and taking away a portion of food each-day

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<sup>251</sup> See Johnson 2003 for a discussion.

<sup>252</sup> Referring to the 74% of the population that was rural and the 14% that lived in towns with populations of under 200,000.

for her family – ‘publicly’ in a pot she carried on her head as she walked through the village after the aanganwadi had been closed for the day - was expected and accepted given the scale of indiscretions all around<sup>253</sup>.

In interpreting realities of the everyday state, scholars such as Kaviraj, have spoken of the divergence between the ‘vernacular’ understandings of the state that lower-level-public-officials hold and those held by the upper-echelons of the bureaucracy. The former workers who are very low down the bureaucracy have life-worlds shaped by considerations such as family, kin, caste and community and reinterpret mandates of the higher bureaucracy ‘beyond recognition’ (Kaviraj 1990). While Corbridge argues that the Kaviraj’s distinctions between vernacular and elite worldviews may be too stark (Corbridge 2010: 87), my findings from Nariar echo general considerations that ideas of fairness or ‘generalised morality’ as Corbridge (2001) discusses it find little place in everyday rural India and there is little understanding of the rational and disinterested norms that are to inform the practices of the state (Corbridge 2001: 85)<sup>254</sup>.

Having said this, it is also important to note how ‘rule-based’ over vernacular understandings are employed in both the cases we discuss above. Rule-based understandings of the state are employed, when it comes to using the bureaucratic apparatus to either pull-up the sarpanch about the matter of the Aanganwadi-2 location or indeed in the case of the ‘written’ (over the oral) complaint used by the sarpanch in attempts to manoeuvre the removal of Anita. My observations here also echo Corbridge who argues that there is an understanding of the state and its bureaucratic procedures, and that sometimes vernacular accounts of the local state are defied, and individuals operate from rule-based understandings (Corbridge 2005: 20).

The other point I wish to consider relates to the comments of the PHC doctor, about considerations of ‘listening to the Sarpanch’ in his best interest and from the ICDS supervisors of our first story about ‘letting them decide’. While in both these instances the actual official decision-making rules were ambiguous, the attitudes of the doctor and the

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<sup>253</sup> Speaking for myself personally, I too found myself internalising these norms – *of course she should take some*. Akhila Bai’s job was under threat, since she was being forced to retire (at a certain age). It is highly unlikely that another Pardhi woman would get this job. She had got the job many years ago, perhaps her position as a single woman may have worked in her favour.

<sup>254</sup> Corbridge (2001: 84-86) proposes that Jean-Philippe Platteau’s arguments ‘Generalised Morality’ with regards the sphere of the ‘market’ find important resonance with discussions on the everyday state. Briefly, Platteau argues that Generalised Morality which is necessary to sustain contracts over time and space, concern for others or ability to see things from another’s viewpoint be based on identity or loyalty feelings to a larger reference group. He maintains that this loyalty to strangers is compatible with worldviews of Republicanism in Europe (supported by Protestantism) or in Japan.

supervisor perhaps reflect a larger environmental shift, that of letting local actors play a more significant role in local matters. Nationally there has been a longstanding discourse and a tension surrounding decentralisation, including around devolution of power and finances to lower tiers of government, and evidence on decentralisation leading to better accountability at the lower levels remains limited (Johnson 2003). Indeed there have been vested interests within systems to keep decision-making and power centralised<sup>255</sup>, and I do not seek to comment through this work on the larger ideals of democratic decentralisation and devolution.

Yet it is useful to note, from the experience of a small village such as Nariar, limits in the current mechanisms, and how despite local political competition between the Sahu and the Yadavs, and a certain decline in some caste based inequalities, a particularly vulnerable minority can continue to be excluded over time, and not be appeased by either clubs<sup>256</sup>. However as Akhil Gupta, Corbridge and others observe, higher status officials, such as ICDS supervisors, District or Block level officials also face vulnerabilities within the bureaucratic systems, and in maintaining working relationships within the village (Gupta 2012: 255-26, Corbridge 2005: 165-167). The doctor in the Mitadin case discussion above, was concerned about the consequences of his inaction on a 'written complaint', even though rules were ambiguous, and there being no compelling reasons (apart from respecting the Sarpanch's wishes) to have Anita leave her near-voluntary position of the Mitadin.

I end this chapter with a brief discussion with a practical connotation. A point of consideration specific to the Mitadin programme, and relevant to the larger national community health worker programme, the Accredited Social Health Activist (ASHA) programme relates to the tension between the Mitadin as community vs health systems representative. During my time in Chhattisgarh state level officials<sup>257</sup> were considering a

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<sup>255</sup> To quote an example of the kinds of pressures that bear within programmes, a comment by Amarjit Sinha, a key IAS officer in the National Government, responsible for the health portfolio, regarding the National Rural Health Mission (NRHM) is telling. He spoke in 2007 (at a TISS Conference that I attended) of how in any internal to the ministry discussions about rationalization of financial resource allocation in the NRHM, officials from within the system were all too quick to target the 'untied' funds that were proposed to be made available in the programme, where decision making on their use was to be locally determined, by the ANM or by the district level state-civil society bodies to facilitate responsiveness to locally particular issues. The officials targeting of lower level 'untied funds' was related to a general tendency to keep power and decision making at more senior levels, rather than with lower functionaries such as the ANM. Under the NRHM, the ANM along with the village committee can decide on use of a small fund.

<sup>256</sup> There are peculiarities to the Pardhis situation (they continue to be excluded from the Scheduled Tribe List, and hence have not benefitted from their rightful quotas in jobs or political representation, and compete in the general category, while all other groups in the village Satnamis and OBC groups benefit from quotas).

<sup>257</sup> Of a unique quasi state civil society organisation recognised to have done pioneering work in conceiving and steering the Mitadin programme, and making it an example for the national ASHA programme.

proposal that with a view to increase accountability of the health worker to the 'community', rather than to the nurse or 'health-system', her financial incentives should be routed through the panchayat rather than through the health system, where the nurse signs-off her incentives. This means that if the Mitanin were to participate in immunisation, or go along to the hospital for institutional delivery, her incentives work would come from the panchayat and not from the health system, as was the current practice. In 2013 this idea had caught root, and officials of the SHRC reported that it had considerably enhanced average pay-outs made to Mitanins, and that incentives were reaching a greater number of Mitanins in the state. I cannot comment on the positive reports of the state-wide move to route incentives through Panchayats, though the experience from Nariar reveals that in certain villages unfair subjectivity could place the programme under the control of competing factions that tend not to include the marginalised, and lead to in certain cases the unfair 'coconut vs shawl' type disparities across villages.

#### **Box 8-2: ICDS in Nariar, an ordinary day**

Shailaja's centre is opened usually between 9.00-10 am and 12.00 am. It is a small dark and unkempt building, and in the region of 4 - 7 children might come in from a little after the time it is open to about 12.00. They are both boys and girls, usually between 3-6 years of age and not always the same individuals, though generally from a pool of about 10 children. The focus of the centre is primarily on supplementary nutrition to the children who come in, apart from activities on a monthly health and nutrition day when the ANM visits the village. The helper is Akhila bai, a Pardhi woman who is amongst two Pardhi women to be in any job. She cooks and serves the 5 - 7 children. Soon after the meal, Akhila washes up the cooking dishes and plates at the hand pump outside. The children disperse. Shailaja may leave about this time, and Akhila closes the centre. Akhila carries some food from the aanganwadi each day to share with her son and larger family. This is unconcealed and seen as her entitlement. Shailaja maintains vital records (birth and death), and spends considerable time in managing multiple registers. Early Childhood Education activities are particularly conspicuous by their absence, as are home visits by Shailaja, though births and pregnancies are noted as Shailaja hears about them.

Kalpana's centre is in a larger, airier, and brighter panchayat-owned *bhawan* that is located close to the main homesteads in the basti. There are many more 3-6 year old children coming into this centre than to Shailaja's. A range of between 15-23 children. Rupkuwar the helper does an efficient job of the food provisioning, and is assiduous about cleaning the centre. Overall it is a more pleasant place. The large central hall despite being absolutely bare is conducive to children playing<sup>258</sup>. Five children coming into the centre are from Rupkuwar's own immediate joint household. The activities at this centre too are solely provisioning of the meal to children who may come in. This centre does a better job of the meal than does Aanganwadi-1. This is also because of its convenient location within the basti, and from its being a more pleasant physical space.

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<sup>258</sup> Given that it is a new centre they do not yet have the equipment mandated.

## Chapter 9 SYNTHESIS AND CONCLUSIONS

The investigative intentions of the research project were both descriptive and explanatory. I sought to examine how social and cultural factors influence reproduction and child nutrition, through the direction of analytical attention to contexts of meaning and motivation, in other words through the interpretive lens, which is the strength of anthropology as a discipline (Mitchell 1984 and Fricke 2003). I also sought to examine these questions through a village based case-study research design. The village of Nariar like any had some unique characteristics though it shared many cultural and social features with the larger region of which it was a part. However as Clyde Mitchell argues, the logic of case study research is not in the search for representativeness but in the particular circumstances surrounding the case. Close engagement with the field situation, and knowledge of relationships among actors and events he maintains could be 'telling', and reveal interconnections of theoretical importance (Mitchell 1984: 239). This thesis contributes to the interdisciplinary literature on reproductive health and child development in rural India, from the perspective of a village case-study from the central-plains of Chhattisgarh. Some of its analysis is perhaps, to borrow Mitchell's expression, 'telling' for the larger region and in terms of implications for theory. The study further contributes to early understandings of the social life of the Pardhi tribe, as very little is known about this 'ex-criminal' tribe in academic work.

The thesis argues that reproductive health and child development is determined complexly - by cultural, economic and gender-related variables, and further that local politics and the everyday state mediate provision of public services related to reproductive health and child development, which impact on health outcomes. The empirical chapters consider these themes in discussing the overall question: What are the drivers of reproductive health and child development in rural India? The thesis also contributes to the sociological study of gender relations, and debates around son-preference and sex ratios. In this final chapter I will draw together the main findings of this study and consider what they imply for further research.

## 9.1: GENDER INEQUALITIES, FEMALE AUTONOMY, REPRODUCTION AND CHILD DEVELOPMENT

In Chapter 4 I highlight the curious and somewhat counter-intuitive gender relations in Nariar and its region, in the background literature on the cultural and economic viewpoints shaping female societal position (Bardhan 1974; Miller 1981; Dyson and Moore 1983), and unpack their implications from two perspectives. I highlight the implications of gender relations in the region of Nariar for the sociology of female autonomy and its determinants, and further I analyse their implications for reproduction and child development.

I argue that, though kinship systems for non-*adivasi* groups in Nariar share some important principles of northern kinship, widely argued to be unfavourable to female autonomy (Karve 1968; Dyson and Moore 1983), by commonly agreed indicators of gender-inequality - such as sex-ratios and other evidence such as attitudes towards female sexuality and remarriage, gender relations in Nariar even amongst non-*adivasi* groups, relative to much of India, are fairly egalitarian. Chhattisgarh as we discuss beats even India's development poster-state Kerala in having the most feminised child sex ratios amongst large states in the country. These observations from Nariar raise some questions about the widely observed 'cultural' theory that locates women's social position and autonomy as embedded in kinship ties, which it argues bear on demographic outcomes, and explain India's north-south differences in demographic indices. Notwithstanding that Chhattisgarh is in central India at the meeting point of Indo-Aryan and Dravidian cultural streams, and the wider ethnographic location is a zone where kinship arrangements transition, the chapter lends some support to the viewpoint that women's labour in the local rice economy may contribute to perceptions of greater female worth in this region, and make their position less susceptible to subordination, countering perhaps some influences of exogamous kinship rules that are expected to create conditions less favourable to women.

Harriss and Watson from their examination of macro-level data with a view to test and reconcile the cultural and economic explanations of the sex-ratio in South Asia, conclude that "neither approach, we find, is generally supported by empirical material" (Harriss and Watson 1987: 114). They like others who have examined this subject have operated with limited data and their conclusions are at the macro-level. Chhattisgarh is interesting since in central India, it appears to be a region that displays some overlaps in kinship and agricultural systems, which makes the experience from Nariar valuable to consider for these debates. While kinship systems do not reflect structural inequalities or hypergamous relationships

they do reflect exogamous rules and female patrilocal relocation on marriage for most women. Given this it could be said that women's economic roles do enhance their social positioning, facilitate more egalitarian gender relations, and go some way in shaping egalitarian adult and child sex-ratios. My findings support the position that Agnihotri et al. take that while low female labour participation is an important determinant of anti-female child bias in regions characterised by both Indo-Aryan and Dravidian kinship systems, where Indo-Aryan kinship predominate, the effect of female labour participation is more significant (Agnihotri et al. 2002).

Apart from questions that data from Nariar raise on the determinants of female autonomy for this region, the chapter discusses implications of gender-inequality for reproduction and child rearing. Chhattisgarh despite its more egalitarian sex-ratios does not share southern India's 'lower' to national average fertility rates which are attributed amongst other reasons to more equal gender relations in southern India, and for this and other demographic indicators continues to be more closely aligned with high-fertility northern India.

In Nariar while daughters are welcome and we do not see an acute neglect of daughters, we do see a sharp social compulsion to produce at the least one son, and existing demographic data (NFHS) also supported by my ethnographic data from Nariar marks the region as one where son-preference is 'strong'. This social compulsion to bear a son compromises women's independent decision making on the matter of fertility placing obvious physiological stresses in their bodies. Evidence suggests that this 'strong' son-preference is linked to the greater salience of the patrilineal line of inheritance and descent along with women's patrilocal residence on marriage, characteristic of more northern systems of kinship. For the region, as a whole it appears that son-preference, and to a lesser extent the seeking of daughters, contribute together to higher fertility.

The links between gender-inequality, commonly measured by 'decision-making autonomy', to other reproductive and child development outcomes was less evident. Notwithstanding near equal survival outcomes - we see that there are ways in which women are subordinated, for instance amongst all non-*adivasi* groups, there is a degree of seclusion and women's mobility and the employment they may seek is bounded. On the basis of qualitative evidence it could be said that this seclusion did not mean that women's decision-making ability on matters important for reproduction and child rearing were obviously compromised. Furthermore, despite women's exposure and access to communication networks and information sources across conjugal as well as natal homes, qualitative evidence suggests that decisions regarding infant feeding and childrearing are likely to have much to do with economic and traditional cultural considerations, the latter are reinforced by

the wider communication networks and slow to change. Moreover, the perception was that despite restricted independent mobility of women, particularly from non-*adivasi* communities, there was little evidence that this restricted mobility affected health seeking behaviour in any significant way. Both observation, as well as mothers unambiguous testimony, suggested that their own, or their children's health needs were not neglected through restricted independent mobility outside the village.

On many key dimensions of female autonomy, Pardhi women, relative to non-*adivasi* women in Nariar, experienced greater autonomy – more freedom of mobility and sexual liberties for instance, as well as fewer restraints on employments. Pardhi women could seek, and control monies they earned - but despite these experienced freedoms other cultural barriers appeared to influence optimal nutrition. Conventional indicators of mobility do not translate to similar access to services which require mobility. For instance, while Pardhi women's mobility was strikingly less circumscribed than that of non-Pardhi women, it was the latter who despite having greater seclusion considerations, sought out immunisation services while service providers had to work much harder in convincing Pardhi women to accept immunisation. Further, rigid conventions on gender division of labour and the Pardhi financial daily life meant that women even when physiologically strained in pregnancy, or in the early post-partum, may be compelled to fulfil the female economic and home-based tasks, even when there seemed to be scope for others to substitute their labour.

From observing gender-relations, aspects of female subordination and health decision making, the effects of gender inequality on decision-making that could influence reproductive and child development outcomes could not be read off from conventional indicators of female decision-making autonomy<sup>259</sup>. Son-preference, however categorically contributes to reproductive and physiological stresses, through high fertility for non-Pardhi communities. Material discussed in this chapter suggests that in the context there were other perhaps structural aspects of gender based inequities - such as, in the case of Pardhi women, rigid conventions on gender division of labour rather than neat 'decision-making' inequities that influence proximate indicators of reproductive health and child nutrition. My work here adds to the narratives which recognise the conceptual and measurement limitations of gender as decision making in demographic and health work (Mason 1987; Balk 1997; Schatz and Williams 2012).

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<sup>259</sup> It is difficult to draw any certain causal conclusions based on qualitative data, or delineate the additional effects (additional and separate from cultural or economic effects) of the influence of unequal gender relations on health and nutrition. Furthermore this is a region where gender relations are relatively more egalitarian, and this perhaps means that gender inequality places less sharp disadvantages here. However qualitative research can question hypotheses, and suggest possible causal pathways.

Chapter 4 suggests then there is value in expanding the conceptual lens beyond a narrow focus on female decision-making autonomy, to also include how other aspects of gender including ideas on gender-division of labour may influence health and nutrition. From the perspective of further research, the arguments presented in this thesis would merit a deeper examination taking a historical stance, and a more thorough mapping of kinship systems, across communities and caste groups not present in Nariar<sup>260</sup>. It would also be interesting, to place this study in a comparative perspective with regions where there are variations in institutions of gender, for instance Madhya Pradesh of which it was a part, but which has important differences in indicators of gender. This would help clarify the influence of gender on health and nutrition. Chhattisgarh is a location undergoing rapid economic and social transition. There is a dramatic change in marriage payments, and similarly there are some signs of female withdrawal from agriculture with household economic mobility. Studying shifts in gender-relations here alongside changes in the economic environment, in the context of larger forces of sanskritisation, and within the background of fertility transition would be a subject worthy of scholarly attention.

## **9.2: CULTURE, ECONOMICS AND THEIR INTER-CONNECTEDNESS**

I have analysed over Chapters 5-6 the interrelated cultural and economic considerations as they influence reproduction and child development, and in Chapter 7 the iterative cultural-economic-nutrition-poverty relationship for the Pardhi tribe.

In conclusion it could be said that during pregnancy, cultural food rules have a limited bearing on nutrition, in that beliefs on food avoidance are inconsequential to foetal nutrition, and ideas on eating down effectively absent. Yet cultural ideas on maternal micronutrient supplements which connect nutrient supplements with increased baby size such that it may be 'too large' indicate some ideas on eating down, though what the nutritional implications of this micronutrient pill avoidance are is unclear from the perspective of biomedical science. From the perspective of the stage of pregnancy, the question of affordability of nutritious diets is particularly important.

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<sup>260</sup> Importantly Upper Caste groups, in a minority for the state, and viewed as migrants from the 'north' to the state were not represented in Nariar.

Furthermore biomedical literature on the links of maternal nutrient supplementation to foetal growth, indicates the strongest positive evidence on foetal growth come from the maternal consumption of nutrient rich foods such as fruits, vegetables and milk for instance (Rao et al. 2001). These foods have a clear income-dependence, and furthermore biomedical evidence on the benefits of protein-energy supplements on maternal health and foetal outcomes is not conclusive (Kramer 2011). Since pregnant women report 'eating to their fill', urging women to consume 'more of the same' could go little way in improving foetal outcomes, and in pregnancy the question is really one of improved quality in diets. While nutritious foods in the everyday diet are in overall short supply, and we see that 'ideational' dietary restrictions are unimportant for this stage, this is also a phase where nutrient needs of pregnant women are not particularly prioritised, even in households where economic resources are not a defining constraint. If maternal nutrition was viewed to be of greater importance there is some scope for some reordering of household resources towards maternal nutrition. Efforts at nutrient supplementation in pregnancy by way of public programmes are met with barriers, in that supplementary foods for pregnant and lactating mothers supplied under the ICDS programme is summarily rejected, as are multi-vitamin pills from health practitioners, the former being viewed as culturally unfit for consumption, while the latter being rejected from the fear of its effects in enhancing foetal size, and leading to difficult birthing, and potential for maternal and infant ill-health. Beyond the ideational dimensions we also observe, from a discussion on the Pardhi community, that rigid cultural conventions on sexual division of labour may force pregnant women to engage in arduous labour, and this has readily envisioned implications for physiological strain.

Moving to the post-partum stage, the thesis shows that cultural beliefs on diet and health clearly play a role in influencing post-partum and infant nutrition behaviour, in directions at variance from bio-medical recommendations and are likely to be damaging to maternal and child health and nutrition. A range of ethnographic works on nutrition (Jeffery et al. 1989:77-78, Van Hollen 2003:169-179, Ferro-Luzzi 1980: 109) find that local cultural beliefs on diet are most at variance from biomedical recommendations in post-partum, and this observation is also echoed in Nariar. Across class, caste and tribe criteria, maternal dietary intake is significantly altered and a variety of food proscriptions are observed with an aim to protect interests of the mother and child. A set of elaborate rules significantly delimited maternal diet, and these derive from the conception that the post-partum maternal state is 'wet' and vulnerable to the 'cold' and the maternal body 'wounded' by the trauma of birthing. While dietary restrictions are observed most stringently in the early post-partum weeks, they are carried out through the first year, to protect the wellbeing of the mother-child dyad.

Apart from the influence of dietary restrictions which could have an influence on diet quality and maternal nutritional status, perhaps of greater significance is the control on 'quantities' in maternal post-partum dietary intake, which for all non-Pardhi groups is based on the principal of maternal 'eating down' (*kum kum khana*) for a few months post-partum with a view to aid healing from the internal wounds caused by the birthing process and to protect the child's health. In an environment where overall diets are poor and fertility has been high, these extensive, long-term and repeated (with each pregnancy) dietary restrictions are likely to have some implications on maternal nutrition, since these restrictions do not appear to be compensated by noticeable change in work patterns. The full implications of maternal diets in the post-partum on infant nutrition is not entirely understood, since biomedical understanding of how quality of human milk is affected by maternal nutritional status is limited, and practices of 'eating down' are most stringent in the early weeks post-partum, when an infant's breast milk requirements are also relatively limited.

The extended 'eating down' post a surgical procedure such as a caesarean delivery, or the tubectomy operation is particularly noteworthy, since food intake quantities are reduced for an extended time - over a period of 2-3 months, and this can very plausibly affect breast milk production, and its adequacy for a growing infant, or toddler. Given that nutrition remains largely conditioned by traditional and widely shared cultural beliefs, irrespective of pluralism in medical care seeking and wide acceptance of biomedicine, it is important to examine nutrition implications in situations where 'reproduction meets biomedicine'. While biomedicine is accepted and viewed superior for the treatment of medical conditions, nutrition and diet continue to be what I call here a 'home science', shaped predominantly by traditional ideas on food and health, and slower to modify in alignment to biomedical norms especially as we see in case of surgical procedures. These observations are underappreciated from a public-health standpoint in Chhattisgarh, and would merit deeper examination.

With regards infant and young child nutrition, an infant's near exclusive dependence on breast milk through the first year, and significantly for nutrition into the second year, is by biomedical standards inadequate to meet the growing child's nutrient demands, and other things being usual, is expected to be harmful and damaging to long-term child growth and development. These practices reflect both ideational and bio-science factors. While ideas on where the locus-of-control with regards infant feeding should lie, and ideas about an infant's abilities to digest solid foods clearly play a role, I show that 'fear' of ill-health, is dominant in shaping post-partum maternal and infant dietary practices, and I raise the possibility that in an overall poor health environment, cultural beliefs may not emerge in a vacuum, and reflect perhaps the historical lived experience of the risks of ill-health in the context of a poor health

environment. Incapacities to negotiate the consequences of indigestion or ill-health may be shaping the longer attachment to the safer but perhaps nutritionally-inadequate breast milk, and therefore it may not be appropriate to view practices as 'right' or 'wrong' purely by judging against biomedical criteria derived from different environments.

Taking a contrasting position to the question of economics and culture Chapter 7 shows how the poor and excluded Pardhi tribe, in what would first appear a puzzling and unreasonable stance, reject the national public employment works programme that is intended, and expected, to benefit them. Notwithstanding the overall marginalisation of the Pardhis in Nariar, this wholesale rejection of NREGA while fitting into the wider display of irreverence that the Pardhis exhibited to the powers and programmes of the state reflects several elements that work cyclically in maintaining a certain status quo. What appeared a 'baffling' situation, where those who we may expect to 'self-target' as NREGA beneficiaries, reject it, reflects a combination of cultural and nutritional circumstances. We see that the work – digging and carrying out soil in pond deepening activities - is culturally unfamiliar to a community with a nomadic past. This is illustrative of how assumptions in public programmes that a wide range of works be categorised as 'unskilled' are flawed, and fail to recognise that physical work is also a matter of bodily habit and familiar techniques of the body. Furthermore, the Pardhi portrayal of themselves as 'proudly lazy' and having the 'power to reject' NREGA works, while being an attempt at subverting social subordination and verbal abuse, was also a reflection on the physical toll this labour would extract on their bodies, and it was perhaps considerations of preserving precious bodily endowment or 'body capital' (Jackson and Palmer-Jones 1999).

### **9.3: LOCAL POLITICS AND THE EVERYDAY STATE**

The analysis in Chapter 8 of public programmes related to health and nutrition, exemplifies how local political processes and power battles dictate social policy implementation in Nariar. Since capture of the local state can be alarmingly entrenched, programme benefits continue to elude the most vulnerable who have little political voice. Further this exclusion may persist for substantial time-spans, and across shifts in village political authority. I argue that public programmes are caught in a pernicious tussle between power centres in Nariar, a tussle that is driven almost singularly by local political self-interest and motivations to establish control over programme resources, secure positions and patronage networks, without the pretence of a loftier social service objective. Apart from the malicious and

unabashedly self-seeking motivations of the foremost power centre of Nariar that prevail on public programmes<sup>261</sup>, there is also the question of the failure of public programmes to crack the 'last frontier' of 0-3 nutrition. Culturally interventions on 0-3 food supplementation, aimed to address the question of an infant's inadequate intake of complementary foods, find no traction, and in many ways widely documented shortcomings in ICDS programming are mirrored in the context of Nariar.

It is not my intention to argue that the programmes are unnecessary, or greater devolution of decision making to panchayats is not a desirable goal. While the thesis is not designed to make a larger point on the debates around centralism or devolution in social policy related decision making or administration, it certainly points to the unromantic pervasiveness of political capture of the local state, to the dangers of such capture that decentralisation of decision-making in programme implementation to the village entails.

## **9.4: IMPLICATIONS AND CONTRIBUTIONS**

The thesis makes three types of contribution. First, it enhances our understanding of the subject of reproduction and childrearing in the context of the specific geography under study. Here the contributions take both a descriptive and explanatory form. Second, some thesis findings are of noteworthy interest from a broader social theory perspective. Observations on gender relations, female equity and kinship are interesting to note for theory on the determinants of female power, as are observations from the case of the Pardhi on nutrition-poverty cycles. Third, some thesis observations are relevant to social policy and practice.

While Chhattisgarh has been the location for some seminal work by first generation leading social anthropologists in India as well as in more contemporary times, much of that work focused on specific social groups- a caste or tribe, and there is inadequate work from a rural village-study setting, in the rice-growing plains of the state, and on the subject of this thesis- reproduction, child development and demography. The thesis makes a contribution to filling out the cultural landscape for this region in central India, and enhancing our knowledge about the region, and for social groups therein. Moreover, there is little by way of academic

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<sup>261</sup> In the context of the wider and pervasive improbity that is the norm, the lesser transgressions of the 'smaller fry', service providers in programmes for instance almost become reasonable, defensible and a matter of right. For instance the carrying away of foods each day from the aanganwadi by the Pardhi helper (sweeper/cook), a lowly position but a secure position all the same, was not particularly disguised, and it was seen as acceptable practice for someone who was in the job to also get small out-of-rule benefits.

work on the ex-criminal or de-notified Pardhi tribe, in Chhattisgarh or elsewhere in the country, and the thesis makes important early contributions to our understanding of the social life of this community, while also linking this knowledge to larger theoretical considerations and in more 'applied' ways for social policy. In the same vein, the thesis also contributes to knowledge of ideational aspects of diet and health in pregnancy and in the postpartum for the mother and for the infant and young child. Some of the thesis findings are notable in light of existing social theory. In this regard, observations on gender relations in Nariar are noteworthy for existing interpretations of determinants of female equity for the context of India, and for their effect on reproduction and demography, and possible incongruences therein. While the study of kinship in its full 'technical' form was not the focus of this research project, the material in the thesis serves as a contribution on the subject<sup>262</sup>, that also raises questions on the cultural positioning of Chhattisgarh.

The analysis here contributes to knowledge on the design and implementation of public programmes. My observations on the everyday state, and its mediation by local political processes, from a programming perspective reaffirm certain recognized shortcomings, while also detailing some of the brutal ways in which programmes may be subverted, and the circumstances that shape how actors operate. Here some of the observations point out how the most vulnerable, in need of urgent intervention, may actually be falling through the cracks because they are not appeased adequately by either political camp, as well as because of their wider marginalisation by social policy.

From observations of how communities respond to biomedicine we see that public programmes are slow in changing ideational systems that shape nutrition, and we see from the case of the Pardhi exit from NREGA, how irrespective of larger political processes or programme gaps, nutritional and cultural factors may act as barriers to participation. While the thesis does not seek to comment on the NREGA programme in its entirety, there are noteworthy observations it makes on the relevance of NREGA as a solution for extreme poverty, or for especially vulnerable, ex-nomadic groups such as the Pardhi. The extreme poor may reject the program from physical disutility, and here my work lends support to the ideas of Jackson and Palmer-Jones, who argue the importance of the embodied experience of work, and its physical aspect, important to consider for nutritionally challenged populations. This aspect is overlooked in a narrow focus on income-generating employment. Additionally the thesis contributes to our understanding of the-less known ideational aspects of postpartum and infant diet.

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<sup>262</sup> Trautman (2000); Parkin (1985) and Gregory (1997, 2013) point out how little is known about middle-Indian kinship and that unpacking kinship here could have many answers for the sociology of India.

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## ANNEXURES

### ANNEXURE 1: AN OVERVIEW OF THE RESEARCH CONTACT

#### a) Time Duration of Fieldwork

##### SCOPING:

##### **Two Scoping Visits: October and November 2010**

October: A visit to Delhi to discuss the field location and proposed project, and subsequently over 8 days visits were made to 6 villages across 2 districts and 4 blocks. From these 6 villages - both remote and relatively well connected 1 was selected.

November: Over a period of 16 days in November initial contacts were established in Nariar and some familiarity with the village and its geographical layout /paras was gained.

##### MAIN FIELDWORK:

##### **November 2011 – mid-May 2012**

The most intensive engagement was between December 2011 and April 2012.

##### **August-September 2012 – 10 days**

##### **June-July 2013 – 8 days**

While the intensity of engagement was greater in some months over others, I witnessed all the seasons in Nariar and this gave me an appreciation of the important variations in livelihood related and social activities across the rural calendar.

#### b) In-depth Case Study Households

These households were selected by the criteria that they had pregnant women and infants. An effort was made to select them across community and economic status criteria. The Sahu, Yadav and Satnami, these were usually within a joint family dwelling – though households by economic or ‘cooking-units’ were oftentimes separate. These settings then allowed for observation of more than one family and observation of children/pregnant women within the larger joint family setting. Oftentimes these included more than one pregnant women/young child, and this was also a setting to interact with visiting daughters (married outside the village), or daughters who may be living in their maikae, along with their husbands for work or other purposes.

The intensity and depth of interaction across these households varied depending on how relationships developed, with engagements in some being more detailed than others. I have interacted with mothers and pregnant women, but also as significantly with other household members – importantly mothers in law, sisters in law, unmarried sisters and other female relatives who are often around, daughters who may be back in their maikae following a marital breakdown, and with fathers or other male members as I get an opportunity. The Sahu Family included as a Case Study was the household of the previous sarpanch, while the Yadav families were near and far relatives of the sarpanch. For the Pardhi and the Satnami,

the households represented a mix by class-criteria. Amongst the Pardhi there is less diversity in economic position across households, while in the case of the Satnami, Yadav and Sahu communities there is a wider diversity in economic position across households.

Case Study Households	
Community Group	Number of Households
Sahu	1
Yadav	2
Satnami	12
Pardhi	8
<b>Total</b>	<b>23</b>

Key socio-economic details of Case Study Households	
<b>CS HH – Sahu 1</b>	<p><b>Description:</b> A large joint family with Rajesh Sahu (past village Sarpanch) as effective head. The official head is Rajesh Sahu's mother – Ambikabai, whose 4 sons live in the household along with their families. Rajesh Sahu's second wife Ashwini – holds MA degree and amongst most educated in village. His first wife Sarita is older (in her 50's). Sarita Sahu (26 years) and Vira Sahu (23 years) live in this household along with their daughter Muskan (3 years). Sarita has received formal schooling till grade 7 while Vira has received formal schooling till Grade 10.</p> <p><b>Focus Observations:</b> The pregnancy of Rashmi (Daughter in law of Rajesh and Sarita Sahu) and the birth of her daughter through early infancy. The following of Vira and Sarita Sahu's daughter Muskan from age 1 year onwards.</p> <p><b>House Type:</b> Pukki</p> <p><b>Livelihoods:</b> Large Farmlands – jointly held; grocery store; insurance sales; health trainer/supervisor; members of school meal women's groups</p>
<b>CS HH – Yadav 1</b>	<p><b>Description:</b> Extended household of the current sarpanch Satish Yadav. The official head of the household is the sarpanch's father. Members of joint dwelling include - elderly couple, three of their sons and their families. Rupkuvar, the sarpanch's sister (about 50 years) is the aanganwadi 'sahika' and has long returned to Nariar (her maike) after a marriage breakdown. Her grown-up son and daughter-in-law Nishita live here, along with their new-born daughter Minu. Also living here is Rekha (granddaughter of the Patriarch), who is at her maike following a recent marital breakdown.</p> <p><b>Focus Observations:</b> The pregnancy of Nitisha and the birth of Minu followed through early infancy. Ananditi (wife of Sarpanch's brother) and her newborn son Hitesh, born after a string of 4 girls.</p> <p><b>House Type:</b> Pukki</p> <p><b>Livelihoods:</b> Farmlands; worker in a car showroom; aanganwadi 'sahika'; sarpanch.</p>
<b>CS HH – Yadav 2</b>	<p><b>Description:</b> Household members are distant relatives of the current sarpanch Satish Yadav. Comparative to (CS HH Yadav-1) they have relatively limited means and little farmland. Anupriya (26 years), Raghav (28 years) and their 4 daughters live here. Neither have received significant formal education.</p>

	<p><b>Focus Observations:</b> Tripta followed though from early infancy.</p> <p><b>House Type:</b> Semi pukki</p> <p><b>Livelihoods:</b> Anupriya's husband Raghav works as a 'coolie' in a rice warehouse run by the government of Chhattisgarh for some months in the year. Anupriya and her husband have no lands, but may work as labour.</p>
<b>CS HH – Satnami 1</b>	<p><b>Description:</b> In a household of modest means, Padmini and Somnath live along with their 3 daughters, Somnath's father, and Somath's brother. They live in a 'kucchi' dwelling located in the main basti. Neither Padmini nor Somnath have any notable formal education.</p> <p><b>Focus Observations:</b> Padmini's newborn daughter, and her 2 older siblings (daughters – age 2 and 4).</p> <p><b>House Type:</b> Kucchi/Semi pukki</p> <p><b>Livelihoods:</b> Somnath works in casual informal sector work such as construction and hauling weights while Padmini may work as farm labour.</p>
<b>CS HH – Satnami 2</b>	<p><b>Description:</b> Anantaorama is the official head of the joint household. He lives along with his wife Meira (in their late 50's early 60's), their 3 sons and their families. Keshva is one of Anantoram and Meira's sons, and is married to Rajeshwari. They have a daughter Mallika who is 2 years old when Paresh is born. Keshav has studied until the 5<sup>th</sup> grade, while Rajeshwari has not received any significant education.</p> <p><b>Focus Observations:</b> The birth of Keshav and Rajeshwari's son Paresh, following him through infancy. Later also observed in this household the pregnancy and birth of a child in Keshav's brother – Anurag's family.</p> <p><b>House Type:</b> Pukki</p> <p><b>Livelihoods:</b> Own farmlands and cattle. Men of the household work in casual labour, and at the grain federation. Women work mainly in agriculture.</p>
<b>CS HH – Satnami-3</b>	<p><b>Description:</b> A joint family with an elderly couple as official head, their 3 sons and their families. While they dwell together the families operate as separate cooking units. Malesh and Purnima live here along with their three sons (Som 5 ½ years, Punni – 3 years and Gopal – 1 ½ years). This is a household of limited means, and Malesh and Purnima do not cultivate the joint household lands. Malesh and Purnima have not received any significant formal education.</p> <p><b>Focus Observations:</b> Gopal followed through infancy.</p> <p><b>House Type:</b> Pukki</p> <p><b>Livelihoods:</b> The men work in casual, informal sector labour, often at the rice storage federation. The joint household has only ½ acre of land, which is managed by Malesh's brother and his sister-in-law Savirabai. Women work primarily as agricultural labour in their own fields, and are discouraged from working as casual labour in construction or other works where they may be under the gaze of men.</p>
<b>CS HH – Satnami 4</b>	<p><b>Description:</b> Joint family headed by Preetbai. Preetbai's son and his family live here, as does her married daughter (Rupa) and her family. They operate</p>

	<p>as separate cooking units. This is Rupa's maike. She lives here since her conjugal family is not in a position to provide for her family, and her husband Kamlesh finds better casual work near Nariar. Rupa and Kamlesh have 3 children. Rupa's sister in law Harini has two children, the youngest is the toddler Suresh. None in the family have significant formal education.</p> <p><b>Focus Observations:</b> Rupa and her infant son Nikhil, and Harni and her toddler Suresh.</p> <p><b>House Type:</b> Pukki</p> <p><b>Livelihoods:</b> Farming, farm labour, casual labour and vegetable vending. The family engaged in the vending of alcohol in the past. Women of the family work largely in agriculture and are discouraged from participating in NREGA work.</p>
<b>CS HH - Satmani - 5</b>	<p><b>Description:</b> Joint family household bordering the Pardhi Para and Basti. Paridabai and her children's families dwell here.</p> <p><b>Focus Observations:</b> Paridabai's daughter-in-law Nita and her infant son - Ritesh</p> <p><b>House Type:</b> Pukki</p> <p><b>Livelihoods:</b> The household owns significant farmlands. They run a cottage-business of paper plates.</p>
<b>CS HH - Satnami-6</b>	<p><b>Description:</b> This household located in the basti, has 3 members in secure government jobs as schoolteachers.</p> <p>Manish (28 years) is educated until the 10<sup>th</sup> grade, and his wife Ashwiti (21 years) studied until the 11<sup>th</sup> grade, before she was married. Manish does not have a secure government job. Given that Manish's father, his brother and his sister are all schoolteachers however, means that the household has significantly greater economic security than most households in the village. Manish's sister Antara (also a school teacher) is married to a man in another village, but lives with her parents for the purposes of her teaching job in a village close to Nariar. Ashwiti does not travel outside the home independently or engage in any economically remunerative work.</p> <p><b>Focus Observations:</b> Following Ashwiti and Manish's daughter Saroja through infancy. Also later observations around Antara's new-born daughter.</p> <p><b>House Type:</b> Pukki</p> <p><b>Livelihoods:</b> The household owns farmlands that are cultivated by sharecroppers. Ashwiti's father-in-law, and brother in law are schoolteachers, and this 'service' job is the main source of household income. Ashwiti's husband Manish does not have a 'service' job but runs electronics repair shop in another village.</p>
<b>CS HH - Satnami 7</b>	<p><b>Description:</b> Rekha, her husband Deenaram and their son Amit live in a joint household. They live along with Deenaram's parents, his unmarried brother and unmarried sister. Rekha has received formal education until the 10<sup>th</sup> grade.</p> <p><b>Focus Observations:</b> Deenaram and Rekha's son Amit in infancy.</p>

	<p><b>House Type:</b> Pukki</p> <p><b>Livelihoods:</b> Deenaram's father works in the local rice storage federation, and Deenaram also seeks employment on a casual basis there. The family are sharecroppers and also own cattle. The women from the family are discouraged to take up any other employment by the men in the family.</p>
<b>CS HH Satnami-8</b>	<p><b>Description:</b> Kalpana (30 years) and Harish (about 42 years) live in a joint dwelling with Harish's brother Narain and his wife Reena, and their 3 children. Harish has two daughters (aged 16 and 13) from his first marriage. Kalpana and Harish have a daughter Yogita (1 year 7 months). Harish is a close associate of the Nariar Sarpanch Satish Yadav. Both Harish and Kalpana are graduates. They are amongst the longstanding Satnami families of Nariar. They live in a large pukki house.</p> <p><b>Focus Observations:</b> Kalpana's pregnancy and the birth of Yogita, followed through into infancy.</p> <p><b>House Type:</b> Pukki</p> <p><b>Livelihoods:</b> Kalpana is the aanganwadi worker, and her earnings make up significant household income. Harish is often occupied in local panchayat/village level jobs given his association with the sarpanch. They have some farmlands, which are leased to sharecroppers. Ahilya or Harish do not work as farm labour.</p>
<b>CS HH – Satnami 9</b>	<p><b>Description:</b> A nuclear family. Trisha lives along with her husband and three children. Their larger extended family lives adjoining houses and in the village. Trisha (27 years) and her husband Umar have 3 children – 2 sons (7 years and 2 1/2 years) and 1 daughter (6 years). They have little land, and are dependent on casual labour for income. Trisha has been to school till grade 5.</p> <p><b>Focus Observations:</b> On Trisha and Umar's lastborn son Parash</p> <p><b>House Type:</b> Pukki</p> <p><b>Livelihoods:</b> Umar works as an assistant to a 'mistri' (Mason/Carpenter). They have some land. Outside the home Trisha labours mainly in her own/family fields, and may participate in NREGA works in the village.</p>
<b>CS HH – Satnami 10</b>	<p><b>Description:</b> A nuclear household. Ramla and her husband Thagibabu live in a kucchi dwelling located in the main basti along with their 5 children. Neither Khedya nor her husband has significant formal education and neither are in formal employment. Thagibabu's alcohol problem is a strain on the family and a known drain on household resources.</p> <p><b>Focus Observations:</b> Birth of Ramla's son followed into infancy.</p> <p><b>House Type:</b> Kucchi</p> <p><b>Livelihoods:</b> Casual labour – agricultural and other</p>
<b>CS HH – Satnami 11</b>	<p><b>Description:</b> Bina lives in a joint family household of 4 cooking units. She went to school until grade 5.</p> <p><b>Focus Observations:</b> Bina and her daughter Dheeral, Mita and her children.</p>

	<p><b>House Type:</b> Pukki</p> <p><b>Livelihoods:</b> Casual. Bina and Mita's Mother in law has been the village <i>suiyan</i> or Traditional Birth attendant. Bina works as a cook for the noon-meal programme at the government school.</p>
<b>CS HH – Satnami 12</b>	<p><b>Description:</b> Nuclear Family. Roshan and her husband Punit live in a pukki house in Roshan's maikhe Nariar. Roshan has been to school until 7<sup>th</sup> Grade.</p> <p><b>Focus Observations:</b> Birth and infancy of their daughter Sasikala</p> <p><b>Livelihoods:</b> Casual employment.</p>
<b>CS HH – Pardhi-1</b>	<p><b>Description:</b> This Pardhi household lives in a typical mud dwelling, though the size of the dwelling is amongst the larger Pardhi houses. Teeja (24) and Thagiram (27), live with Thagiram's parents. Neither Teeja nor Thagiram's have been through any notable formal schooling.</p> <p><b>Focus Observations:</b> Followed Teeja through her pregnancy to the birth of their daughter Punni.</p> <p><b>House Type:</b> Clay construction</p> <p><b>Livelihoods:</b> Casual hunting; broommaking; labour</p>
<b>CS HH Pardhi 2</b>	<p><b>Description:</b> Longstanding Pardhi household in Nariar. Ancestors were amongst the first Pardhi settler's here. Tejas (25 years) and Sumana (23 years) share a dwelling with Tejas's parents and unmarried brothers and sisters. Tulika is their firstborn. Neither Tejas nor Sumana have formal education. They live in a semi-kuchhi house with few assets. They sometimes share a kitchen with their in-laws; at other times operate as an independent 'cooking' unit.</p> <p><b>Focus Observations:</b> Following Sumana and Tejas's first-born Tulika through late infancy into the second year, and Sumana through a second pregnancy.</p> <p><b>House Type:</b> Kucchi</p> <p><b>Livelihoods:</b> Broommaking. Sumana works as agricultural labour – weeding and harvesting. Hunting birds/fishing. Selling items of ceremonial importance.</p>
<b>CS HH Pardhi 3</b>	<p><b>Description:</b> Reetika Pardhi was visiting Nariar her maikhe, while pregnant with her second son. She has not been to school.</p> <p><b>Focus Observations:</b> Reetika's pregnancy</p> <p><b>House Type:</b> Kucchi</p> <p><b>Livelihoods:</b> Broommaking.</p>
<b>CS HH Pardhi 4</b>	<p><b>Description:</b> A Pardhi household whose ancestors were amongst the first Pardhi settler's in Nariar. Akhila Bai, a Pardhi grandmother (about 60 years), her son Raj daughter-in-law Joyita, and their children are the usual residents. Akhila Bai's other grandchildren in the village also visit the household and share its food resources occasionally. Raj (25 years) is the most educated amongst the Pardhi in Nariar. He has completed his graduation (BA). His wife Joyita has studied till Grade 9. They have 2 children – a daughter Meenu (2</p>

	<p>years), and a son Niket (8 months).</p> <p><b>Focus Observations:</b> Followed the family through Meenu's first year, Joyta's second pregnancy and the birth of Niket.</p> <p><b>House Type:</b> Pukki</p> <p><b>Livelihoods:</b> Akhila Bai works as a aanganwadi helper or 'sahika'. This makes the household livelihoods more secure comparative to almost all Pardhi households in the village. Raj is educated – though not in a service job, since the Pardhis as a community do not benefit from 'reservation' or 'quota'. Raj has occasional casual employment as a convener for local political groups, and networks in village politics. Akhila Bai also sells brooms occasionally.</p>
<b>CS HH Pardhi-5</b>	<p><b>Focus Observations:</b> Nuclear Family. Pratiksha and Ghenu and their 2 children live in a kucchi house in the Pardhi para. Neither have formal education of significance.</p> <p><b>Focus Observations:</b> The birth of Pratiksha and Ghenu's daughter Ramya</p> <p><b>House Type:</b> Kucchi</p> <p><b>Livelihoods:</b> Broommaking; agricultural labour – weeding and harvesting; hunting//fishing; migrating for broom-selling activity.</p>
<b>CS HH Pardhi-6</b>	<p><b>Description:</b> Nuclear Family. Akhileshwari (24 years) and Thegaram (26 years). Neither were formally educated.</p> <p><b>Focus Observations:</b> Akhileshwari and Thegaram son Kamal followed into infancy.</p> <p><b>House Type:</b> Kucchi</p> <p><b>Livelihoods:</b> Broommaking; agricultural labour – weeding and harvesting; hunting//fishing; migrating for broom-selling activity.</p>
<b>CS HH Pardhi-7</b>	<p><b>Description:</b> Nuclear Family. Teerta and her husband Teja (both in early 20's).</p> <p><b>Focus Observations:</b> Teerta's daughter Niti between the ages 1 and 2 years.</p> <p><b>House Type:</b> Kucchi</p> <p><b>Livelihoods:</b> Broommaking; agricultural labour – weeding and harvesting; hunting//fishing; migrating for broom-selling activity.</p>

### c) Other Relationships

Apart from these households selected for in-depth engagement - on the basis of their having young children and pregnant or lactating mothers - I had relationships with **2 Aanganwadi workers** (one of whom is included also as an in-depth study HH), and **2 Mitanins** - community health workers of the village, **3 Suiyan** (Dai/TBA), the **Sarpanch** and **Sachiv** (panchayat secretary), the **Supervisor of the ICDS** programme and the **Nurse (ANM)** who visit the village usually on a monthly basis, the **RURAL MEDICAL PRACTITIONER Sahu 'doctor'** a medical practitioner who visits Nariar on a daily basis. I am familiar with **school teachers** of the village. I also had wider interactions in the village, with households and women who do not fall into the in-depth study criteria. I was over my time in the village, familiar with most households with young children in the village.

### d) Data Gathering Settings and Methods

Apart from home-based interactions, a lot of the data is gathered from street-side chit-chatting, and from interactions at public settings such as at the aanganwadi centre, the panchayat office, the NREGA worksite, the village school or during public events in the village, including religious events. I spent much time in the aanganwadi centre, particularly on the monthly health and nutrition immunisation day, which was a setting that afforded me the opportunity to meet with most women with young children. It was also a site at which I could establish contact with pregnant women or young mothers, and follow on from there. I used the Dictaphone selectively to record interviews, but the bulk of my data was gathered over ongoing interactions – and mini interviews within homes, as well as across social settings.

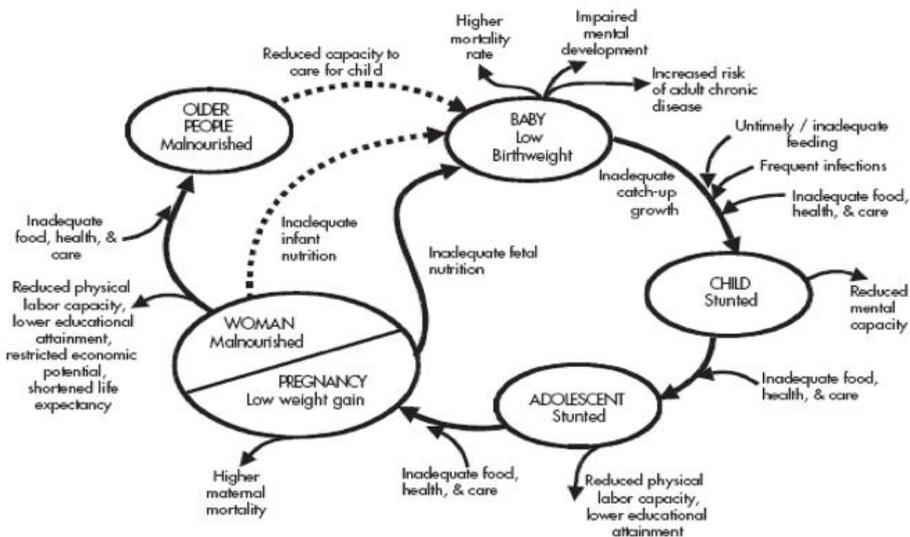
I used opportunities such as monthly meetings at the Panchayat office or the aanganwadi centre to meet with people in group settings, and I used usual evening street-site gatherings for informal group discussions. I also spent time observing livelihood activities such as farming, and gathered information from the grain storage federation where a lot of men and women from Nariar work. I visited a meeting of the ICDS programme at the block level, and also the Primary Health Centre and local Community Health Centre at villages and the block headquarter outside of Nariar. I gathered some data from the neighbouring village of Baktara.

This is apart from discussions with key informant interviews in Raipur and Bilaspur, attending of state level meetings/workshops on health or the ICDS and a field visit to the Jan Swasthya Sahyog field site in rural Bilaspur.

## ANNEXURE 2: LOW BIRTH WEIGHT, REPRODUCTIVE HEALTH AND SEX-RATIOS

### a) Burden of malnutrition through the lifecycle

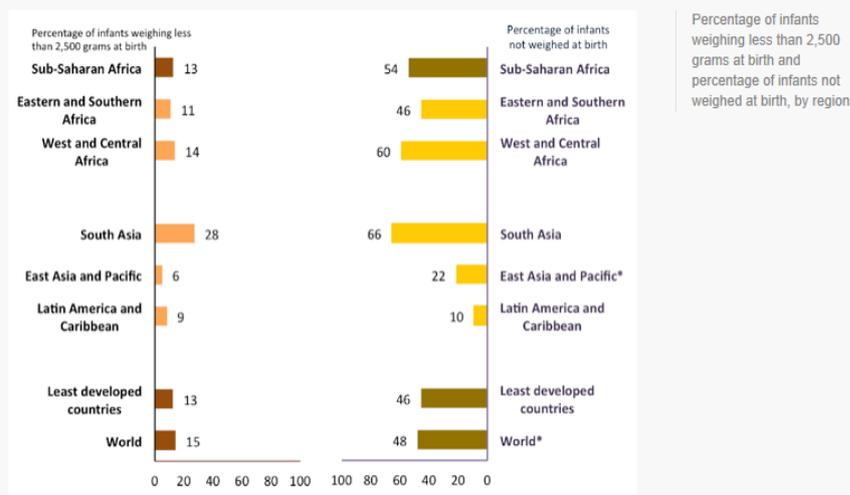
Figure 1 – The burden of malnutrition through the life cycle and across generations



Source: Modified from ACC/SCN 2000.

### b) Global and Regional LBW incidence: Global and regional low birthweight incidence (UNICEF Global Database 2014), based on nationally representative surveys, 2008-2012, with the exception of India and Indonesia.

The incidence of low birthweight is highest in South Asia

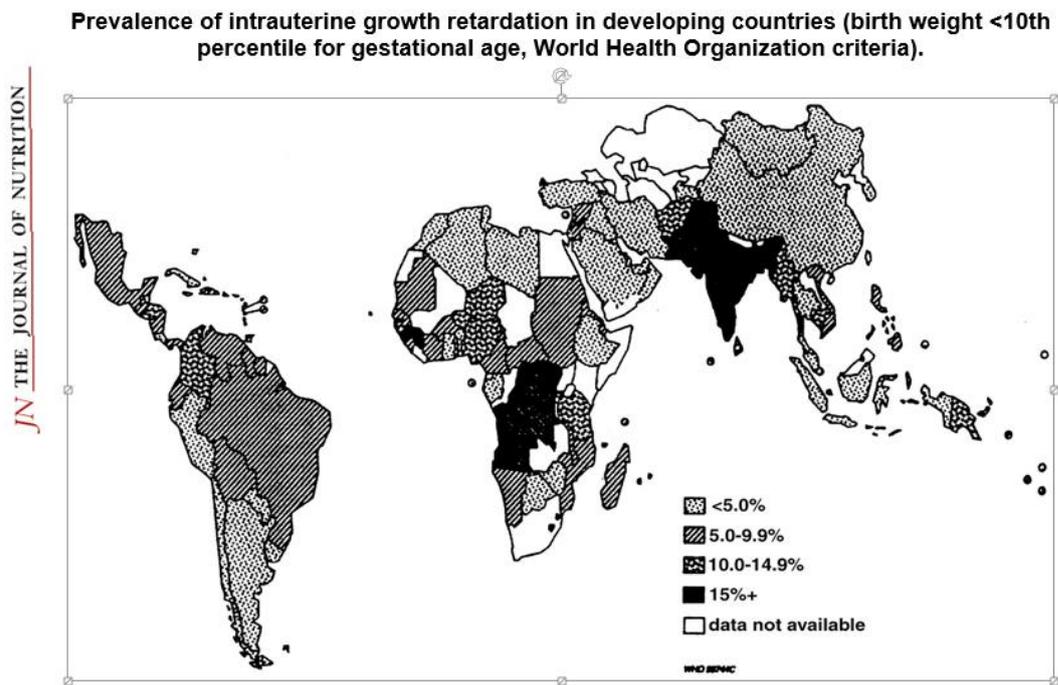


\* Excludes China.

Note: Regional aggregates presented where adequate population coverage is reached.

Source: UNICEF global databases, 2014, based on Multiple Indicator Cluster Surveys (MICS), Demographic and Health Surveys (DHS) and other nationally representative surveys, 2008–2012, with the exception of India and Indonesia.

c) Prevalence of IUGR – Fall et al. (2003)



Fall C H et al. J. Nutr. 2003;133:1747S-1756S

**d) NFHS III (2005-06): Nutritional Status of Children in India by State**

Table 10.2 Nutritional status of children by state

Percentage of children under age five years classified as malnourished according to three anthropometric indices of nutritional status: height-for-age, weight-for-height, and weight-for-age, according to state, India, 2005-06

State	Height-for-age			Weight-for-height				Weight-for-age			
	Percent- age below -3 SD	Percent- age below -2 SD <sup>1</sup>	Mean Z-score (SD)	Percent- age below -3 SD	Percent- age below -2 SD <sup>1</sup>	Percent- age above +2 SD	Mean Z-score (SD)	Percent- age below -3 SD	Percent- age below -2 SD <sup>1</sup>	Percent- age above +2 SD	Mean Z-score (SD)
<b>India</b>	23.7	48.0	-1.9	6.4	19.8	1.5	-1.0	15.8	42.5	0.4	-1.8
<b>North</b>											
Delhi	20.4	42.2	-1.6	7.0	15.4	4.0	-0.5	8.7	26.1	1.0	-1.3
Haryana	19.4	45.7	-1.8	5.0	19.1	1.4	-1.0	14.2	39.6	0.2	-1.7
Himachal Pradesh	16.0	38.6	-1.5	5.5	19.3	1.1	-1.0	11.4	36.5	0.5	-1.6
Jammu & Kashmir	14.9	35.0	-1.3	4.4	14.8	2.3	-0.7	8.2	25.6	0.5	-1.3
Punjab	17.3	36.7	-1.5	2.1	9.2	1.5	-0.5	8.0	24.9	0.5	-1.2
Rajasthan	22.7	43.7	-1.7	7.3	20.4	1.6	-1.1	15.3	39.9	0.4	-1.7
Uttaranchal	23.1	44.4	-1.8	5.3	18.8	2.3	-0.9	15.7	38.0	0.3	-1.7
<b>Central</b>											
Chhattisgarh	24.8	52.9	-2.0	5.6	19.5	1.3	-1.1	16.4	47.1	0.0	-1.9
Madhya Pradesh	26.3	50.0	-2.0	12.6	35.0	1.0	-1.6	27.3	60.0	0.1	-2.3
Uttar Pradesh	32.4	56.8	-2.2	5.1	14.8	1.2	-0.8	16.4	42.4	0.1	-1.8
<b>East</b>											
Bihar	29.1	55.6	-2.1	8.3	27.1	0.3	-1.4	24.1	55.9	0.1	-2.2
Jharkhand	26.8	49.8	-1.9	11.8	32.3	0.6	-1.5	26.1	56.5	0.2	-2.2
Orissa	19.6	45.0	-1.7	5.2	19.5	1.7	-1.0	13.4	40.7	0.5	-1.7
West Bengal	17.8	44.6	-1.7	4.5	16.9	1.9	-0.9	11.1	38.7	0.5	-1.6
<b>Northeast</b>											
Arunachal Pradesh	21.7	43.3	-1.6	6.1	15.3	3.4	-0.7	11.1	32.5	0.6	-1.4
Assam	20.9	46.5	-1.8	4.0	13.7	1.2	-0.8	11.4	36.4	0.3	-1.6
Manipur	13.1	35.6	-1.4	2.1	9.0	2.2	-0.6	4.7	22.1	0.5	-1.2
Meghalaya	29.8	55.1	-2.0	19.9	30.7	2.6	-1.2	27.7	48.8	0.2	-2.0
Mizoram	17.7	39.8	-1.6	3.5	9.0	4.3	-0.3	5.4	19.9	1.2	-1.1
Nagaland	19.3	38.8	-1.4	5.2	13.3	4.7	-0.5	7.1	25.2	0.8	-1.2
Sikkim	17.9	38.3	-1.4	3.3	9.7	8.3	-0.1	4.9	19.7	1.3	-0.9
Tripura	14.7	35.7	-1.5	8.6	24.6	2.2	-1.2	15.7	39.6	0.1	-1.7
<b>West</b>											
Goa	10.2	25.6	-1.1	5.6	14.1	4.3	-0.7	6.7	25.0	1.9	-1.1
Gujarat	25.5	51.7	-2.0	5.8	18.7	1.2	-1.0	16.3	44.6	0.1	-1.8
Maharashtra	19.1	46.3	-1.8	5.2	16.5	2.8	-0.9	11.9	37.0	0.9	-1.6
<b>South</b>											
Andhra Pradesh	18.7	42.7	-1.7	3.5	12.2	2.2	-0.7	9.9	32.5	0.6	-1.5
Karnataka	20.5	43.7	-1.7	5.9	17.6	2.6	-1.0	12.8	37.6	0.5	-1.6
Kerala	6.5	24.5	-1.1	4.1	15.9	1.2	-0.9	4.7	22.9	0.4	-1.2
Tamil Nadu	10.9	30.9	-1.1	8.9	22.2	3.6	-1.0	6.4	29.8	1.9	-1.3

Note: Table is based on children who stayed in the household the night before the interview. Each of the indices is expressed in standard deviation units (SD) from the median of the 2006 WHO International Reference Population. Table is based on children with valid dates of birth (month and year) and valid measurements of both height and weight.

<sup>1</sup> Includes children who are below -3 standard deviations (SD) from the International Reference Population median.

Table 10.1 Nutritional status of children—Continued

Background characteristic	Height-for-age			Weight-for-height				Weight-for-age				Number of children
	Percent- age below -3 SD	Percent- age below -2 SD <sup>1</sup>	Mean Z-score (SD)	Percent- age below -3 SD	Percent- age below -2 SD <sup>1</sup>	Percent- age above +2 SD	Mean Z-score (SD)	Percent- age below -3 SD	Percent- age below -2 SD <sup>1</sup>	Percent- age above +2 SD	Mean Z-score (SD)	
<b>Child's living arrangements</b>												
Living with both parents	23.9	48.4	-1.9	6.4	19.6	1.5	-1.0	15.9	42.8	0.3	-1.8	38,020
Living with mother (not father)	23.0	46.6	-1.8	7.0	21.2	1.8	-1.0	15.7	41.6	0.4	-1.8	7,858
Living with father (not mother)	25.5	52.4	-1.9	6.8	18.8	3.8	-1.1	19.4	42.4	0.9	-1.8	154
Living with neither parent	19.5	43.5	-1.7	4.3	15.8	1.9	-0.9	11.5	35.6	1.0	-1.6	624
<b>Wealth index</b>												
Lowest	34.2	59.9	-2.3	8.7	25.0	1.0	-1.2	24.9	56.6	0.2	-2.2	11,689
Second	27.9	54.3	-2.1	6.7	22.0	1.1	-1.1	19.4	49.2	0.2	-2.0	10,398
Middle	23.1	48.9	-1.9	6.2	18.8	1.3	-1.0	14.1	41.4	0.3	-1.8	9,449
Fourth	16.5	40.8	-1.6	5.0	16.6	2.1	-0.9	9.5	33.6	0.5	-1.5	8,543
Highest	8.2	25.3	-1.1	4.2	12.7	2.7	-0.7	4.9	19.7	0.8	-1.1	6,577
Total	23.7	48.0	-1.9	6.4	19.8	1.5	-1.0	15.8	42.5	0.4	-1.8	46,655

Note: Table is based on children who stayed in the household the night before the interview. Each of the indices is expressed in standard deviation units (SD) from the median of the 2006 WHO International Reference Population. Table is based on children with valid dates of birth (month and year) and valid measurement of both height and weight. Total includes births with missing information on size at birth, religion, and caste/tribe, who are not shown separately.

<sup>1</sup> Includes children who are below -3 standard deviations (SD) from the International Reference Population median.

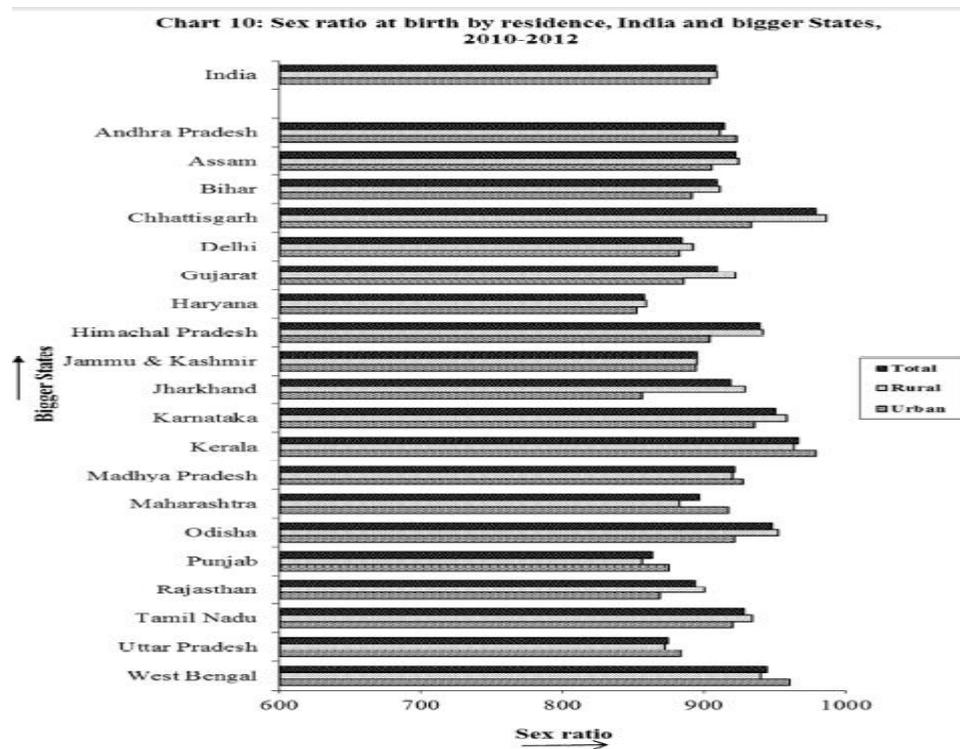
<sup>2</sup> Excludes children whose mothers were not interviewed.

<sup>3</sup> First born twins (triplets, etc.) are counted as first births because they do not have a previous birth interval.

<sup>4</sup> For women who are not interviewed, information is taken from the Household Questionnaire. Excludes children whose mothers are not listed in the household schedule.

<sup>5</sup> Includes children whose mothers are deceased.

e) Sex Ratio at Birth and 0-4 years by residence, India and bigger states (SRS 2010-12)



**Sex ratio of child (age group 0-4), India and bigger States, 2010-2012**

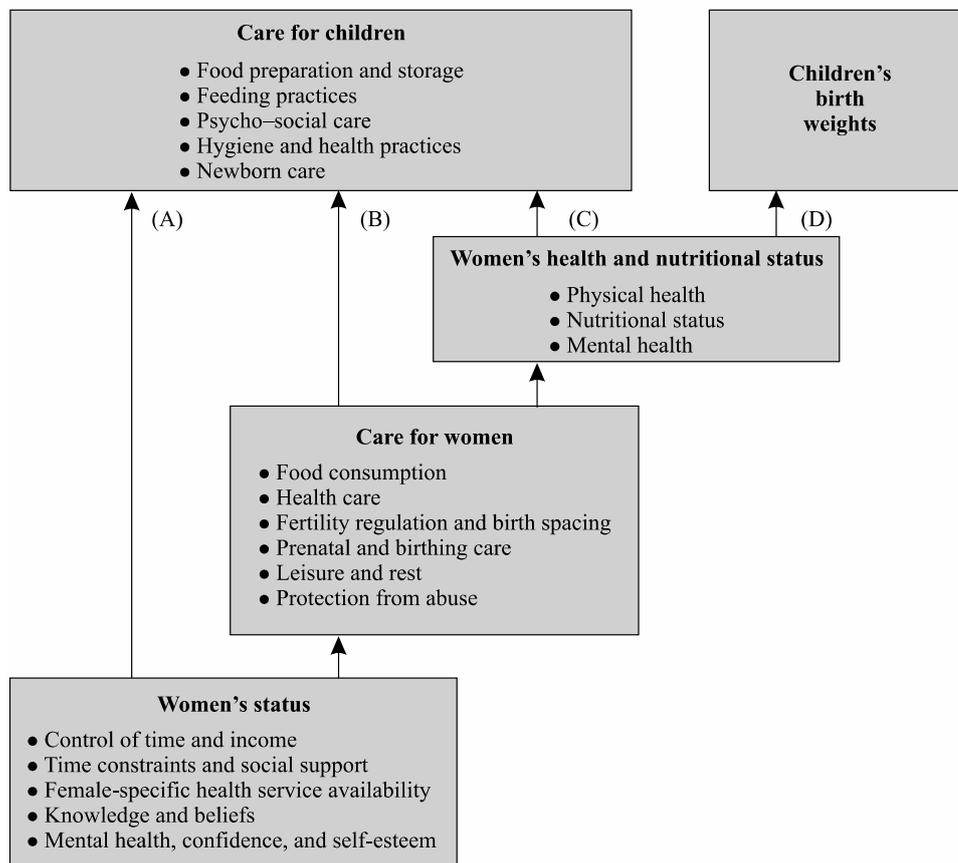
India and bigger States	Total	Rural	Urban
<b>India</b>	<b>912</b>	<b>914</b>	<b>906</b>
Andhra Pradesh	932	947	898
Assam	926	923	960
Bihar	923	925	902
Chhattisgarh	1011	1024	943
Delhi	889	880	891
Gujarat	891	905	867
Haryana	837	838	834
Himachal Pradesh	953	955	929
Jammu & Kashmir	877	877	876
Jharkhand	912	916	891
Karnataka	946	956	929
Kerala	959	960	955
Madhya Pradesh	931	935	916
Maharashtra	898	889	914
Odisha	944	945	934
Punjab	857	840	888
Rajasthan	882	883	878
Tamil Nadu	939	936	943
Uttar Pradesh	873	873	877
West Bengal	967	968	963

## ANNEXURE 3. GENDER INEQUALITY, HEALTH AND NUTRITION: PATHWAYS

### a) Women's status and childcare and birthweights (Smith et al. IFPRI Report 2003).

Women's status affects the quality of care for children in a direct manner (arrow A), but also indirectly through the quality of the care women themselves receive (arrow B). Finally, via the medium of women's own health and nutritional status, the care women receive influences both the quality of care for children (arrow C) and their birth weights (arrow D).

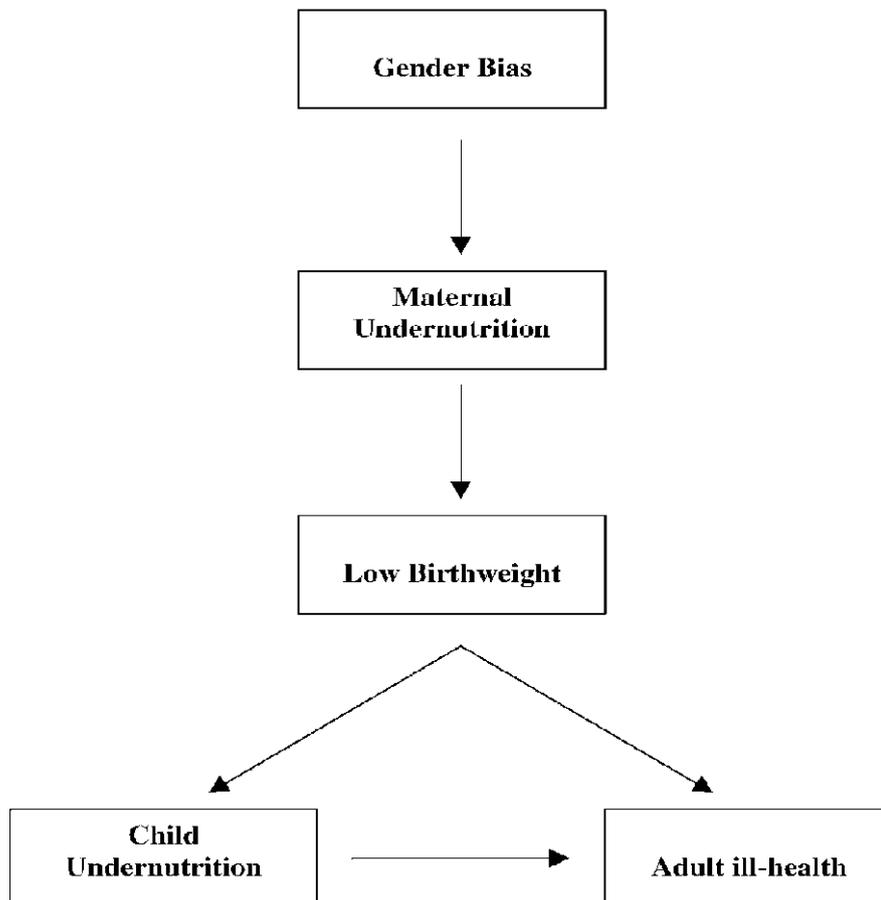
**Figure 2.2 Women's status, care for children, and children's birth weights**



Source: Adapted from Engle, Menon, and Haddad 1999.

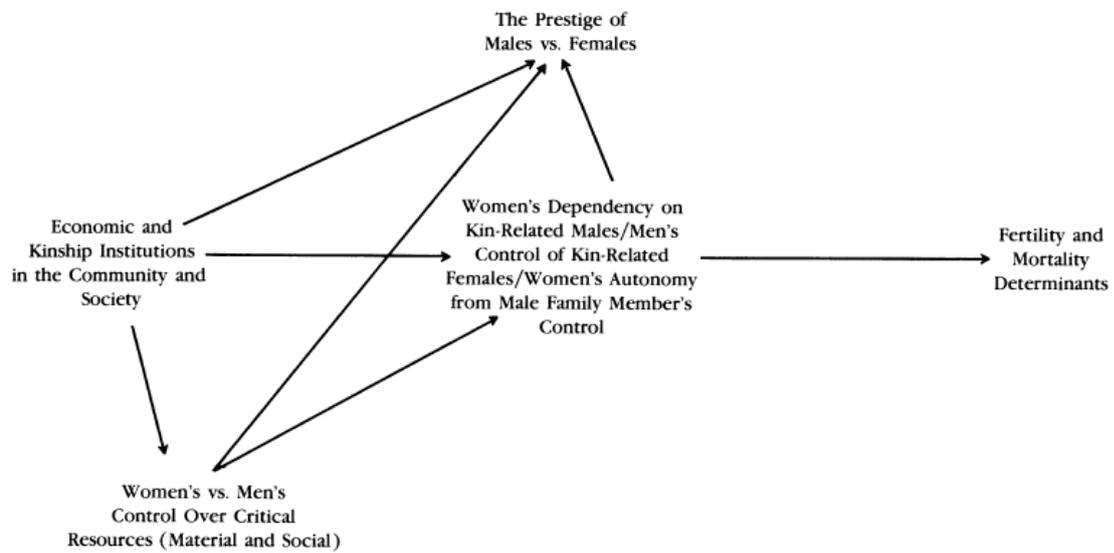
b) **The pathways from Gender Inequality to Ill Health (Osmani and Sen 2003).**

*S. Osmani, A. Sen / Economics and Human Biology 1 (2003) 105–121*



**Fig. 1. The pathways from gender inequality to ill-health.**

c) Gender and Fertility and Mortality Determination (Jennifer Mason 1986)



**FIGURE 1. A Causal Model of Women's Dependency on Kin-Related Men Implicit in the Writings of Cain (1982), Caldwell (1982), Dyson and Moore (1983) and Others.**

## ANNEXURE 4: INDIA AND CHHATTISGARH – KEY INDICES, FERTILITY AND SEX RATIOS

### a) Key indices India and Chhattisgarh

Table 4.1: Percentage Population by SC/ST category : India and Chhattisgarh												
	India	Chhattisgarh										
% SC Population	16.6	12.8										
% ST Population	8.7	30.6										
% Non-SC/ST	74.7	56.6										
<b>Source: Computed from final tables Census 2011</b>												
Table 4.2: Sex Ratio: India and Chhattisgarh												
	India	Chhattisgarh										
Sex Ratio (Census of India 2011)	940	991										
Child Sex Ratio 0-6 years (Census of India 2011)	914	964										
Sex Ratio at Birth (SRS 3yr moving average 2010-12)	908	979 (highest across states in India)										
<b>Source: Census 2011 and SRS Moving Averages</b>												
Table 4.3: Sex Ratio Chhattisgarh by Caste/Tribe background, 2011												
Sex Ratio Chhattisgarh	991											
Sex Ratio ST	1020											
Sex Ratio SC	994											
Sex Ratio Non SC/ST	974											
Sex Ratio Non ST	978											
<b>Source: Computed from Primary Census Abstract 2011 data</b>												
Table 4.4: Early Childhood Mortality by Sex												
Neonatal, Post neonatal, Infant, and Under-Five mortality rates in Chhattisgarh for the 10-year period preceding NFHS 3												
	Neonatal Mortality	Post Neonatal Mortality	Infant Mortality	Under 5 Mortality								
Male	65.1	21.5	86.6	107.7								
Female	49.5	25.1	74.7	103.3								
<b>Source: NFHS Chhattisgarh, 2005-06</b>												
Table 4.5: Nutritional Status of Children: NFHS Chhattisgarh, 2005-06												
	Height for Age			Weight for Height				Weight for Age				Number of Children
	% below -3SD	% below -2SD	Mean Z-Score (SD)	% below -3SD	% below -2SD	% above +2SD	Mean Z-Score (SD)	% below -3SD	% below -2SD	% below +2SD	Mean Z-Score (SD)	
Male	26.1	54.4	-2.1	6.1	20	1.3	-1.1	15.6	46.9	0	-1.9	741
Female	23.4	51.4	-2	5.1	18.9	1.3	-1.0	17.1	47.2	0	-1.9	747

**Source: NFHS Chhattisgarh, 2005-06**

**Table 4.6: Initial breastfeeding: NFHS Chhattisgarh, 2005-06**

Percentage of children born in the five years preceding the survey who were ever breastfed, and for last-born children born in the five years preceding the survey who were ever breastfed, percentage who started breastfeeding within half an hour, one hour, and one day of birth and percentage who received a prelacteal feed.

	% ever breastfed	Number of children	Percentage who started breastfeeding:			% who received a prelacteal feed	Number last-born ever breastfed children
			Within ½ hr of birth	Within 1 hr of birth	Within 1 day of birth		
Male	95.7	848	22.4	25.5	64.2	23.9	615
Female	97.0	808	22.9	24.4	63.0	22.5	559

**Source: NFHS Chhattisgarh, 2005-06**

**Table 4.7: Nutritional status of adults: NFHS Chhattisgarh, 2005-06**

Percentage of women and men age 15-49 with specific body mass index (BMI) levels

Body mass index (BMI) in kg/m

Women					Men				
<18.5 (total thin)	<17.0 (moderately/severely thin)	>25.0 (overweight or obese)	>30.0 (obese)	Number of women	<18.5 (total thin)	<17.0 (moderately/severely thin)	>25.0 (overweight or obese)	>30.0 (obese)	Number of men
43.4	19.0	5.6	1.3	3,540	38.5	13.3	4.9	0.5	1,284

**Source: NFHS Chhattisgarh, 2005-06**

**Table 4.8: Prevalence of anaemia in adults: NFHS Chhattisgarh, 2005-06**

Percentage of women and men age 15-49 with anaemia

Women					Men				
Mild (10.0-11.9 g/dl)	Moderate (7.0-9.9 g/dl)	Severe (<7.0 g/dl)	Any anaemia (<12.0 g/dl)	Number of women	Mild (12.0-12.9 g/dl)	Moderate (9.0-11.9 g/dl)	Severe (<9.0 g/dl)	Any anaemia (<13.0 g/dl)	Number of men
39.9	15.7	1.9	57.5	3769	14.4	11.5	1.1	27.0	1276

**Source: NFHS Chhattisgarh, 2005-06**

Statement 25

TFR (Total fertility rate) by residence, India and bigger States, 2012

India and bigger States	Total	Rural	Urban
<b>India</b>	<b>2.4</b>	<b>2.6</b>	<b>1.8</b>
Andhra Pradesh	1.8	1.9	1.7
Assam	2.4	2.5	1.5
Bihar	3.5	3.6	2.5
Chhattisgarh	2.7	2.9	1.8
Delhi	1.8	1.9	1.8
Gujarat	2.3	2.5	2.0
Haryana	2.3	2.4	2.0
Himachal Pradesh	1.7	1.7	1.2
Jammu & Kashmir	1.9	2.0	1.3
Jharkhand	2.8	3.0	2.0
Karnataka	1.9	2.0	1.7
Kerala	1.8	1.9	1.8
Madhya Pradesh	2.9	3.1	2.0
Maharashtra	1.8	2.0	1.6
Odisha	2.1	2.2	1.5
Punjab	1.7	1.7	1.6
Rajasthan	2.9	3.1	2.3
Tamil Nadu	1.7	1.7	1.7
Uttar Pradesh	3.3	3.4	2.5
West Bengal	1.7	1.8	1.2

Note : Rounded off to one decimal point.

India & Chhattisgarh  
Figures at a Glance

Particulars	Census - 2011 (Provisional)			
	India	Chhattisgarh	Rank	
1 No.of Districts	640	18		
2 Area ( In Sq.Km.)	32,87,263	1,35,191	10th	
3 Total Population				
	Persons	1,21,01,93,422	2,55,40,196	16th
	Males	62,37,24,248	1,28,27,915	
	Females	58,64,69,174	1,27,12,281	
4 Decadal Population Growth				
(i) Absolute	18,14,55,986	47,06,393		
(ii) Percentage	17.64	22.59	9th	
5 Population Density	382	189		
6 Sex Ratio	940	991	5th	
7 0-6 Age Group Population				
(i) Absolute	Persons	15,87,89,287	35,84,028	
	Males	8,29,52,135	18,24,987	
	Females	7,58,37,152	17,59,041	
(ii) Percentage to Total Population				
	Persons	13.12	14.03	
	Males	13.30	14.23	
	Females	12.93	13.84	
(iii) Sex Ratio	914	964		
8 Literates				
(i) Absolute	Persons	77,84,54,120	1,55,98,314	
	Males	44,42,03,762	89,62,121	
	Females	33,42,50,358	66,36,193	
(ii) Literacy rate	Persons	74.04	71.04	27th
	Males	82.14	81.45	
	Females	65.46	60.59	

Note: 'Other' population is included in 'Male' population.

Sex Ratio : Number of Females per 1000 males.

Literacy Rate : Literacy rate is the percentage of literates to total population aged 7 years and above.

## **b) Sex Ratios over the last century- India and Chhattisgarh**

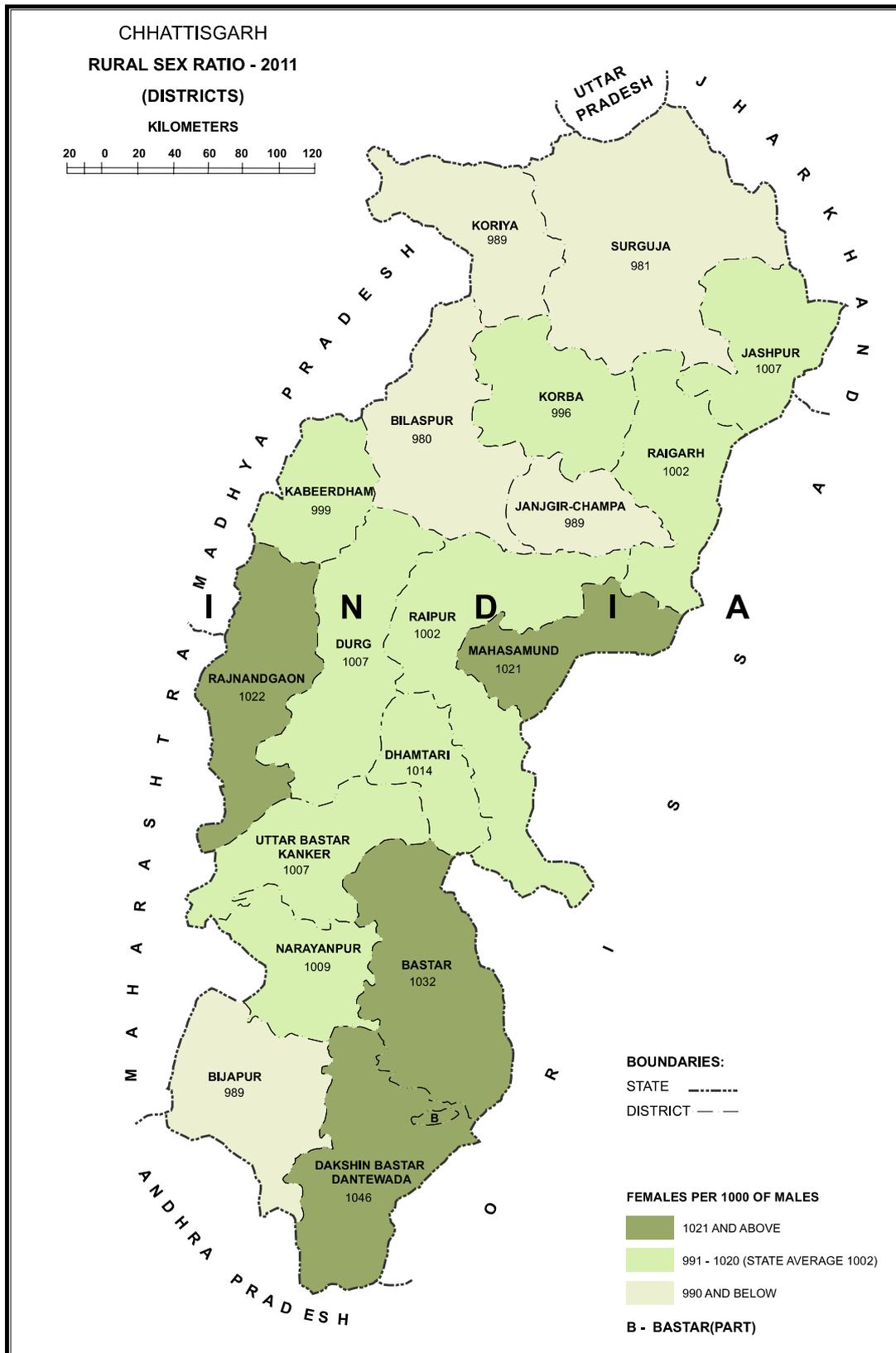
**Comparison of sex ratio of India and Chhattisgarh over a century.**

<b>Year</b>	<b>India</b>	<b>Chhattisgarh</b>
1901	972	1046
1911	964	1039
1921	955	1041
1931	950	1043
1941	945	1032

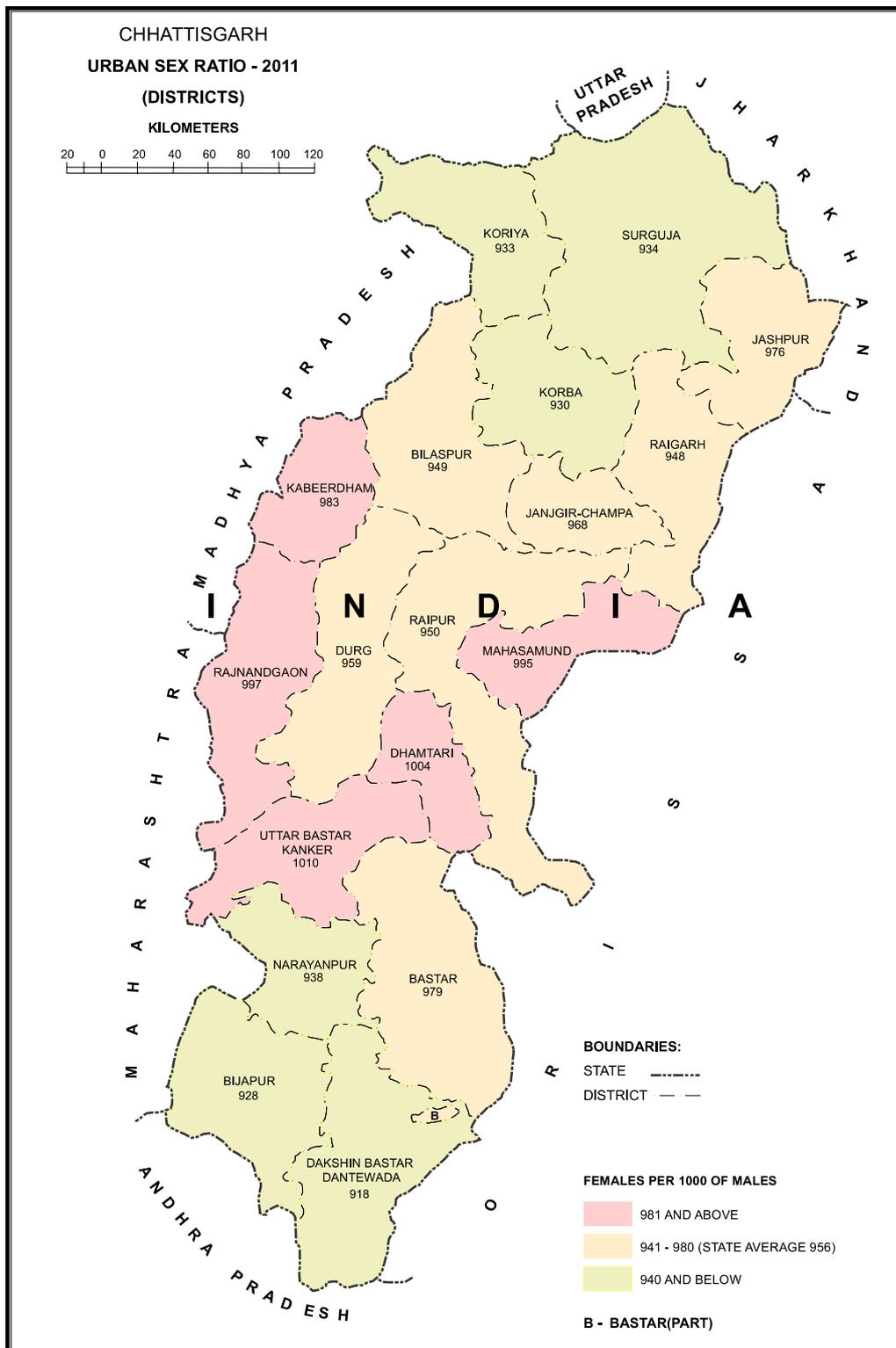
<b>Year</b>	<b>India</b>	<b>Chhattisgarh</b>
1951	946	1024
1961	941	1008
1971	930	998
1981	934	998
1991	927	985
2001	933	990

**Source: Compilation by report for Chhattisgarh by the National Commission for Women**

### c) Rural Sex Ratios (2011) in Chhattisgarh by District



**d) Urban Sex Ratios in Chhattisgarh (2011) by District**



Based upon Survey of India map with the permission of the Surveyor General of India.

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## ANNEXURE 5: NOTES FROM NARIAR

### a) Selected indicators of antenatal care in Nariar

<b>SELECTED INDICATORS OF ANTENATAL CARE IN NARIAR</b>							
Source: Village Antenatal Records held by ANM- March 2010-March 2012							
<b>A: PLACE OF DELIVERY</b>							
	<b>N</b>	<b>At Home</b>	<b>Govt Hospital/ Health Centre (PHC/CHC/DH)</b>	<b>Well Known Pvt Hospital</b>			
<b>No. of cases</b>	40	24	6	10			
<b>Percentage%</b>		60%	15%	25%			
<b>B: HEIGHTS, WEIGHTS AND BMI OF PREGNANT WOMEN</b>							
	<b>N</b>	<b>Avg Height (cms)</b>	<b>Avg Weight (kgs) (ANC 1)</b>	<b>BMI (ANC 1)</b>			
<b>Pardhi</b>	9	144.47	42.4	20.36			
<b>Non-Pardhi</b>	20	154.17	47.1	20.31			
<b>C: ORDER OF LAST PREGNANCY (GRAVIDA), AND AVERAGE AGE AT PREGNANCY</b>							
<b>Order of Pregnancy</b>	<b>N</b>	<b>1st</b>	<b>2nd</b>	<b>3rd</b>	<b>4th</b>	<b>5th</b>	<b>6th</b>
<b># of cases</b>	52	18	16	11	2	4	1
<b>Avg Age at pregnancy (years)</b>		21.4	22.9	26.9	28	32.5	36
NOTE: This is a near complete registration of pregnancies between Jan 2010 and March 2012– few cases of pregnancy that had advanced beyond 4 months would have been missed in this registration.							
<b>D: ANAEMIA IN PREGNANT WOMEN DURING THEIR FIRST ANC</b>							
	<b>N</b>	<b>Non ST</b>		<b>ST</b>			
<b># of cases</b>	49	33		16			
<b>Haemoglobin (gm)%</b>	10.17	10.166		10.175			
NOTE: Anaemia readings are unlikely to be entirely accurate. Gathering of blood samples and feeding back readings is complicated for the setting (equipment is often faulty, and tests not always on site).							
<b>E: AVERAGE WEIGHT GAIN BETWEEN 1<sup>ST</sup> AND 4<sup>TH</sup> ANTENATAL CHECK-UPS (Typically between week 12 and week 32)</b>							
	<b>N</b>	<b>ANC 1 – Avg Wt. in Kgs</b>	<b>ANC 4 – Avg Wt. in Kgs</b>	<b>Average Weight Gain between 1<sup>st</sup> and 4<sup>th</sup> ANC</b>			
<b>ALL</b>	33	45.5	51.2	5.7			
<b>ST</b>	11	42.4	47.9	5.5			
<b>Non-ST</b>	22	47.1	52.9	5.8			

Note: Weight gain is calculated by averaging weights of all women, and women by ST and Non-ST category respectively, over their 1<sup>st</sup> and 4<sup>th</sup> Antenatal Check-ups as recorded by the ANM. The weeks that women are pregnant at the time of the check-ups vary (for ANC 1, based on Expected Date of Delivery (EDD), most women came between week 8 and 16, most frequently week 12 with one case each in week 20 and 28. For ANC 4, based on EDD most frequently women came in in week 32-36 with 2 cases of the 4<sup>th</sup> ANC being in week 24). Further given that dates of Last Menstrual Period (LMP) are not always accurate and expected dates of delivery hence not calculated correctly, it is best to treat this data as a rough estimate of average weight gain.

## **b) NOTE: Being a Suiyan in Nariar: A not so degrading occupation**

The birthing process was in the past carried out outside in a separate or temporary room or makeshift tent, with a view to protect the household and its kitchen from the pollution of childbirth, though for many years now in Nariar, a room in the house is used for the delivery of the child. A *suiyan*, often from the Satnami community usually attends the birth along with other members of the household and extended family or neighbourhood, and in many cases the birth attendant is from the extended family. It is important to note though, that in Nariar the role of the *suiyan* was not seen as exclusively 'dirty work' or a low caste function. Most communities, the Pardhis, Yadavs and Sahus also had family members who took on the roles in assisting with a delivery in the family, and helping with the delivery itself was not seen as a sharply polluting, and low caste act, as has been described for many parts of the country as an exclusively low-caste polluting function (Jeffery et al., Anshu Malhotra Punjab other literature here). I draw a brief portrait of Savitabai below.

Nariar's longstanding *suiyan*, Savitabai was a Satnami, in her 50's and a village matriarch of sorts. Single, an only child, and head of the household, she had chosen to walk away from her husband early into her first marriage (she described this decision to terminate her first marriage as a casual one) and return to her natal home in Nariar. Staying on in the village she had 'made' a second husband and had brought up her family in Nariar along with him in her parents' home. Over the past couple of years she had stopped attending deliveries since she found the work bodily stressful, and now ran a grocery shop from her house.

Having been a *suiyan* for someone or the other to most non-Pardhi families in the village, she had the respect of many and was generally viewed as a woman who had a bit of a public life in Nariar. She was among women called on to show some presence in selective Panchayat meetings, and often brought in to sit in on or 'share some words' in women meetings in the village. Savitabai's now deceased mother following whom Savitabai followed in the *suiyan* tradition, was additionally known and respected as someone who was beyond a *suiyan*, a healer who could divine an illness or pregnancy by 'reading the pulse' of an individual. While Savitabai was known as Nariar's longstanding *suiyan*, Nariar had many birth attendants, who did not have the same recognition that Savitabai had, but also did not face any particular stigma attached to their work. This positioning of the *suiyan* in Nariar is important to note, given the many narratives in India that present a degrading view of traditional midwifery in India (Jeffery and Jeffery 1987), and it would be useful to reflect on this positioning of the *suiyan* certainly in Nariar, and also perhaps for the region. Nariar did not have upper caste groups though who may have viewed the *suiyan*'s as particularly subordinate.

### c) NOTE: Why Son-preference?

It is interesting to understand the widespread and strong cultural preference for having at least one male offspring in this region where women play a prominent role in social life and do not suffer acute demographic disadvantage, where they have been critical to the agrarian economy, where reciprocity in marriage relations and economic expenditures have been valued and where despite their patrilocal post marital residence daughters continue to maintain strong ties with natal kin.

The economic advantages of having a son in these parts, certainly in the traditional predominantly agrarian economy is not apparent (though the greater diversification of livelihoods beyond agriculture has mainly involved men's employment, and hence men are increasingly seen as 'providers' in an economy where agriculture is less important). The strong value placed on the male child perhaps goes along with the importance of patrilineal descent and a woman's patrilocal post marital residence. The importance of the son in funeral rites is critical. It is commonly expressed that a son is important since at the time of a parent's funeral it is the son who will 'give the soil' (*beta mati dete*), initiate rites and complete the transition of the deceased into the afterlife. This role is symbolic of the importance of the male line of descent. Further, though daughters remain in close contact with natal kin after marriage, they do as a rule move away and make another home her primary one, and are not expected to be around on an everyday basis in the village. This makes the role of the son as a source of support to parents in later years important. A relevant question would be how longstanding the importance to having male offspring has been, given women's roles in economic production and the predominant importance of agriculture in prior years. My interactions with senior generations in Nariar indicate that this has been a long-standing preference mainly from the fact that older women in the village now mothers-in-law are very often an important pressure group keen for their daughter's in law to 'not' go in for the family planning operation until the couple had at least one son. Yet it could be said that this preference is unlikely to have found such strong vocal expression or influence on 'stopping' behaviour in earlier generations. In the decades past, given early marriage (as toddlers or by about age 8) and the near absence of any modern family planning methods, a woman's reproductive phase was long and families consequently large. It was usual for women between 40-50 years of age to have 8 births and 10 were not uncommon<sup>263</sup> Given this it was exceptional to not have some sons in the mix, and a preference for sons would have been vocalised less frequently, or only found expression at a higher birth order.

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<sup>263</sup> While it is possible that traditional methods of controlling fertility were adopted before modern contraception, these were not articulated consistently, and families continued to be large. This may have been a result of 'unmet need' for contraception or from little desire to limit fertility.

## ANNEXURE 6: COMMUNITY GROWTH MONITORING IN TRIBAL MAHARASHTRA

An example of Community Growth Monitoring in action. This approach in the context of Maharashtra from my observation could be humiliating to mothers whose children were undernourished.

