Patel, Tulsi. : Fertility Behaviour: Population and Society in a Rajasthan Village. Chapter No. 6. Indigenous Modes of Fertility Control. Oxford University Press, Delhi. 1994. p.162-184. ISBN: 0-19-563539-6.

Indigenous Modes of Fertility Control

Tulsi Patel

Demographic literature is replete with observations of an inverse relation between certain attributes of modernity and family size (Thompson 1929; Notestein 1945; Coale and Hoover 1958; Leiberman 1980, Srinivasan 1986). These attributes are industrial economy, higher female literacy and gainful employment of women outside the household. They form a framework wherein couples are expected to acquire attitudes favouring fertility reduction. These attitudes are supposed to be rooted in the couple's ability to make decisions and exercise control. The image of a modern couple derived from this construct is one of rational beings, who actively confront the conditions of life. They do not passively accept the dictates of the conditions of life and regulate their fertility with a view to organizing life in a way as to control it better. Thus the modern couple consciously curtail, their fertility rather than leave it to the natural course.

The above argument is also used in demographic studies pertaining to traditional social settings, typically underdeveloped and rural societies with high fertility. The rural couple is portrayed in this literature as having little control over the conditions of their lives and as governed in matters of fertility more by impulses than by rationality. Their fertility follows an unhindered course, without any conscious intervention on their part (Lorimer 1954; Howell 1979; Wilson 1984). Many studies explain the high fertility of traditional societies in terms of certain values and attitudes towards women, their low status, rural economy and a veritable lack of individualism.

Demographic studies focusing on cost-benefit calculus of fertility behaviour also corroborate the same argument (Thompson 1929; Becker 1960; Mueller 1972; Leibenstein 1981). They try to show that couples in modem, urban, industrial societies rationally calculate the costs and benefits of having children and deliberately curtail their fertility, while couples in traditional societies tend to have more children. The modem couple is contrasted with the traditional, such that the former subscribe to a rationality controlling fertility, while the latter reproduce as long as their fecundity permits.

There is no society in which people reproduce to their biological capacity, notwithstanding the very high fertility of the Hutterites (Caldwell *et al.* 1987).

Handwerker (1986) highlights the futility of the thesis of 'natural' fertility. On the other hand, some demographic studies (Enke 1966; U. N. 1974; Endres 1975) go to the extent of saying that in India high fertility is a reflection of copulation being the only means of recreation among rural people. There is nothing to do except go to bed after dark (see George's 1976 discussion on this issue).

That these studies betray a skin-deep understanding of the reality of fertility behaviour becomes clear as soon as an attempt is made to take into account the sleeping patterns (discussed latter in this chapter) and leisure activities in traditional societies. These studies ignore the immense richness of local institutions, of entertainment, recreation, relaxation, fun, merry-making and gossiping, not to mention well-developed folk arts, music and songs. These aspects of rural life can be known only through an in-depth knowledge of people's lifestyles and world-view. Unlike modern, industrial societies, the insulation of 'labour' from 'leisure' has not yet come about in rural societies like Mogra. Labour and leisure overlap here. Recreation, fun and frolic are knit into the working of society. In addition, there are several festive occasions when leisure pre-dominates labour.

I hope to show in the present chapter that the image of rural people's fertility behaviour is erroneously formulated and empirically unwarranted. Much of demographic literature is scantily informed of social norms and structural conditions that enforce lowering of fertility in traditional societies. Nevertheless, a few demographic studies have recognized the prevalence of controls in primitive/traditional societies. Carr-Saunders (1922) observes that pre-modem societies control their own fertility. Heer (1964) reports that Indian-speaking communities in parts of Andean countries practise voluntary control of fertility. Douglas (1966) describes how various primitive communities maintain their population by controlling it with the help of their customary beliefs and practices. Smith (1977: 142-3) has discussed traditional mechanisms of fertility control in Japan. Bloch (1908: 696), Firth (1963), Benedict (1970: 165-180), and Polgar (1971) describe population regulation in primitive societies' Freebeme (1964) mentions the practice of fertility control in traditional China.

Some references of traditional mechanisms of fertility control in India have also been reported. Mandelbaum, while handling the material on human fertility in India, is struck by the realization that, 'There are also certain forces favourable to birth limitation, although information about them has not been abundantly available or systematically presented and has been overshadowed by a good deal of mis-information' (1974: 13). Similarly, Wyon and Gordon (1971: 236, 311) conclude that the Khanna villagers, in their traditional ways, practised appreciably more birth control than originally supposed. Djurfeldt and Lindberg (1976: 194), Unni (1979: 67) and Caldwell *et al.* (1984: 190-193) refer to the practice

of traditional fertility control in south India. I shall also document how people in Mogra are governed by definite indigenous modes of fertility control and not guided merely by an unrestrained biological instinct.

The focus here is on the norms, of fertility trajectory and how it is regulated during a couple's reproductive career. What are the beliefs and practices behind the organization of nuptial space, family size, birth intervals, and indigenous techniques adopted for fertility control in Mogra? How do social norms regulate and control fertility, both in terms of a person's stage in the life cycle and the number of children born? How do norms proscribe procreation after the socially optimum number of children have been born and are surviving, and what are the related beliefs and practices?

How do customary practices of fertility control support fertility regulation and control mechanisms?

Pregnant Grandmother Complex

We have just noted a few studies that report on the social disapproval of the grandmother continuing to bear children in India. Chandrasekaran (1986) goes to the extent of stating that in contrast to several other cultures, including the west, it is only in India that both men and women believe that procreation should cease after a person advances in age, especially when one's children are old enough for procreation. But such disapproval is found in other societies as well. Caldwell and Caldwell (1977) and Caldwell (1982: 141) elucidate the proscriptive pregnant grandmother syndrome prevalent strongly among the Yoruba in Nigeria.

In Mogra, a grandmother ceases to bear children. Attaining an advanced stage in one's fertility career makes a couple eligible for suspending procreation. The norms proscribe the time when a couple should opt cult of having a baby of their, own and have babies from their children instead. Ideally parents are expected to abstain from or to give up sexual life once their children are married. By the time a woman achieves the status of a successful mother, i.e., has a few grown up children, especially sons, she is aged around 35 years. This is when her sons and daughters are to be married, i.e., their muklawo is due. As age at marriage is low, the muklawo of a girl usually takes place by the time her mother is around 35.

This is the time she is likely to become a mother-in-law, a high position for a woman in the status hierarchy of her household and the family. At this stage she acquires the prerogative to put an end to her fertility. Thus, giving up procreation usually results from a combination of three factors: (1) achieving the

socially optimum number and sex proportion of children, (2) advancing in age, and (3) attaining the status of a mother-in-law as a consequence of her son's or daughter's marriage.

Women rarely procreate after crossing the age of 40. The few mothers who have had children after this age had either lost many of their earlier children, or were without a son, or had not attained mother-in-law status. Those parents who pay little heed to the sexual norm after the age of 40 are ridiculed as well as frowned upon. The pregnancy of old women or mothers-in-law is subject of fun and humour. They are criticized for being over-indulgent m their sexual relations at an age when most, older couples relinquish it. A few of the commonly made comments are: 'Budapa mein ee jak nee padi (there is no sense of satisfaction even in old age);' and 'tabar ne maiet hate kana jane bakariyon, lardiyon jyoon (how unbecoming of parents to procreate alongside their children like goats and sheep).' If an old couple continues to engage in sex even without any bearing on conception, it provokes a lot of gossip and latent derision. Comparable observations have been reported from other social settings in India (U. N. 1961: 137, 143-56; Mathen 1962:44; Opler 1964:218; Gould 1969; Caldwell et al. 1984).

It is worth recalling here the discussion on the norm of patrivirilocality in Mogra. While in a small proportion of cases all or most of the married sons continue to reside with parents, in a majority of cases they secede from the joint household. In which case, at least one son continues to live with the parents. In other words, old parents are never left all alone in the house. The household composition and sleeping arrangements are also such that it is difficult for an old couple to have sex unobtrusively. The elderly members and grown up children sleep in common places, like the courtyard. In summer, older men generally sleep on cots spread on the street or in an open space in the house like the courtyard, where other boys also join them. Senior women sleep in a space adjoining the courtyard, at a little distance from their husbands. If old men sleep on the street, women place their cots in the courtyard amidst other members of the household. Young daughter's- in-law usually sleep each in a separate room, a shed, or a corner not directly visible from the courtyard occupied by others. The young husband joins his wife at night when others fall asleep. In this sleeping arrangement it is not difficult for adult members to sense the absence of the elderly. Their absence seldom remains undetected. If the usual sleeping spaces of senior spouses are found vacant for some time during the night, it becomes a subject for gossip. In no way do sex relations of the elderly remain a secret for long.

The socially expected family size and the normative fertility trajectory are so deeply internalized by parents that it is reflected even in their symbols and language. This is particularly so in the pattern of nomenclature. (This is one more

aspect of social onomastics discussed in Chapters 3 and 5.) The elderly parent's unwillingness to have children is revealed in the names assigned to those born after the parents have had the socially optimum number of children of both sexes. Names meaning 'undesirable' are given to such children. They are indicative of the parents' acknowledgement that they have tampered with social norms and did not really want the child. The names indicating the parent's unwelcome attitude to their later children are Madi (one who has barged in), Aaichuki (enough of coming), Santi (peace/quiet), Santos (satisfaction/complacency) and Dhapuri (satisfied/full/ complete). These names are not assigned to the first few children. They imply that although parents have accepted the infant they were keen not to have it in the first place.

It is also worthwhile to mention the sex bias in names. If a son is born after it is unbecoming of parents to continue procreation, he is rarely given such a name. In other words, a son is not named as unwelcome even after the couple has achieved the socially optimum number of children. Nevertheless, once a woman becomes a mother-in-law, any child is unwanted, irrespective of the child's sex.

Fertility and the Developmental Process of the Household

The set of norms crucial to ending further procreation are observed not simply because they are internalized by the members themselves. Certain conditions circumscribing women's life also instil in them a desire to stop bearing further children. These conditions converge in a married couple's life usually when their children are married, i.e., in the culmination phase of their fertility career.

A newly married adolescent bride's interest in the conjugal household increases gradually with the passage of time. Whether she establishes her nuclear household or continues to live in the joint one, she gets enmeshed into numerous and overlapping role sets in the household as well as in the network of relatives. The household and neighbourhood support decreases gradually with additional child-birth's, i.e., the post-parturient mother is thought to be adept at taking care of herself and the infant. Even the care, concern, and comfort provided by the household to the parturient mother ceases to be the same as that provided during the first few child-births. The celebrations and applause wane in their intensity. Gifts from relatives and neighbours decline. Additional children do not enhance the older couple's status or authority substantially. A couple with two grown-up sons and a daughter gets only a marginal increase, if any, in their status with the birth of additional children. At this stage the woman has a strong desire to put a stop to her fertility"

With the progression of the household, the status and responsibilities of the mother also get transformed. Many women secede from complex households to

set up nuclear family households usually after they have had two to three children. These women then have the major responsibility of running their own households. The pressure of work is greater on them. In such a situation they themselves prefer to reduce the duration of postpartum rest. Usually, child-births cease to be an attraction as the period of post-partum rest is curtailed by the mother herself, and status enhancement is only marginal, unless child mortality has taken the toll of the children born earlier and evened out previous achievements. By this time, the woman's interest in the household becomes more entrenched. She feels that the expenses of huavad as well as the loss of work days, during post-partum rest cut into household resources. Earlier, as a young daughter-in-law, she stole brief intervals during routine arduous tasks under the pretext of baby care and baby feeding, but now her interests lie more in hard work. With such a change in household interests and consequent enhanced status, frequent pregnancies and child deliveries hamper the woman's interests as well as routine activities.

Similar conditions, are also encountered by those women who do not secede from the complex household and continue to stay with the parents-in-law. These women have the advantage of being helped by parents-in-law in matters, pertaining to neighbourhood and community obligations. At the same time they have to frequently receive and entertain many more guests than in simple households. Invariably parents-in-law represent the household in such matters, while, the younger couples make the requisite arrangements.

Kacku, the youngest of three daughters-in-law, and the only one living with her parents-in-law, rarely has to suspend her household work for the sake of several social and community obligations, such as gossiping with guests, visiting another household in the village to mourn a death, or visiting a relative in a neighbouring village under a kinship obligation. Her mother-in-law does all this. She representes the household to mourn a death in and outside the village, pays 'get well' visits to ailing neighbours and relatives, attends ceremonies of childbirth and other obligatory social meetings. She sits and gossips with guests, while Kacku engages in routine household work and cooks for the guests. But both her elder sisters-in-law who live in separate households, have to make the obligatory visits by suspending their household work. Similarly, in extending hospitality to guests, her sisters-in-law have to combine household work with attendance on guests, while Kacku shares with her parents-in-law the responsibility of hosting them.

Kacku's husband rarely has to suspend his work because his father graces most of the obligatory social occasions. Doongarji, Kacku's father-in-law, receives most male guests and gossips with them. He represents the household when an obligatory mourning visit is to be made. He does the same on several other social visits. Of course, Kacku and her husband Kera are not detained in the house. They attend several ritual and festive events. As in all joint households, there exists a division of labour in Doongarji's household. But Kacku's husband's brothers living in nuclear households have to suspend their household

work whenever social obligations demand. The latter will get some respite when their children reach adolescence and share many tasks.

Around this stage in life, i.e. the culmination phase of the fertility career, a woman foresees the need to accumulate resources for her growing children's marriages and for the mortuary feasts of her old parents-in-law (all sons share mortuary feast expenses irrespective of their separate or joint residence).

Despite the presence of traditional support institutions, senior women feel crushed under the weight of repeat pregnancies and child deliveries. It is not uncommon to hear their experiences of pain and anguish. In most of these cases, they desire earnestly to seek respite from continuous reproduction.

Thirty two-year-old Vaski, a Patel woman, entered her conjugal home at the age of 16 upon muklawo. Four years later she had her first child, a daughter, who is now 12 years old. Vaski moved out of the conjugal household with her husband and four children to live in a separate house 12 years after muklawo. After seceding, she had two more children. That is, three sons and three daughters in all. After seceding, she had two more children with a gap of about two years between each of them without using any contraceptive. Despite following the same sexual behaviour as in the past, she was surprised that the gap between her last two children was only a year. Four of her six children are very young, and looking after them takes a lot of her time and effort. It is quite a bother, although her eldest daughter helps her in various ways. Yet, Vaski's strength is giving way. She confided that she wanted to avoid childbirth since the past one year. Three daughters and two sons were enough, I thought. But another came recently. I tried to find out about contraceptives but could not get exact information on any. Someone suggested a herbal remedy, but the associated taboos to be carefully observed put me off. I have not tried any contraceptive yet. I dread another conception.'

Women's unwillingness to have more children finds expression in their constant crabbing and irritable behaviour. They often prefer to stop procreation even before attaining the status of mother-in-law, especially after they have had the socially optimum number of children surviving.

Sugan, a Charan woman aged 27 and mother of three sons, said, 'I am tired of reproducing. Even after the second son was born 1 did not want, any more. Going on reproducing every alternate year is being like goats. Goats don't have to nurture and discipline their young ones. But humans have the bother of looking after their children. None of my three sons wants to stay at home even for a minute. They frequently pick up quarrels with children when they go out and also get hurt. I am really fed up with them. I can't even go out every-time to check or monitor them.' (Being a Charan woman, she observes purdo and does not move out of the house unless she is assured that no men are around). 'But my husband and mother-in-law have no sympathy for me. My incessant requests for sterilization have fallen on deaf ears.'

The interest a young mother has in controlling fertility is not always shared by others, especially by the mother-in-law and the husband. Consequently, her crabbing is rarely heeded.

Maggi, a 30-year-old Patel woman and mother of three daughters and a son, narrated her predicament: 'All through the nine months of pregnancy I lie down like half dead. I have no energy to work. I dislike eating, and feel nauseated all the time. But some household work has to be done. I have to cook for the children and their father. Fourtunately, the eldest girl can fetch water in a small pot that takes care of the thirst. The entire household faces numerous inconveniences while I carry the baby (foetus). My sickness ends only with child delivery. Only after taking some huavad am I able to regain strength and revive the household. But the work of an infant's mother is always done in bits and pieces. I have to attend to the infant. I am convinced that an end to my regular pregnancies can save me from looming death. But my husband wants one more son. He says, "what is the assurance that our only son will survive? Try to be wise and wait till we get the second son. You may sterilize after that. He does not understand my misery and fear.'

Although the mother may feel exhausted with recurrent childbearing and prefer to put an end to child deliveries, she has to contain her impatience for a few more years in the hope of another son (furthering the progression of the household) before she is considered too senior to reproduce. The above cases show how mothers with a few surviving children, including sons, genuinely prefer to put an end to procreation, although their desire may not be fulfilled immediately. The predicament of these mothers shows the interplay between societal norms and individual desires. Her ability to control fertility arises out of her position in the social situation in the household and outside (cf Lealock 1986). By the time she attains the ability to control her fertility, she already achieves the socially optimum number of children, particularly sons. It is the interplay of factors such as motherhood and assertiveness accruing from a substantial period of stay in the conjugal household that makes a woman bold enough to put a stop to her fertility.

Social Management of Birth Intervals

In Chapter 3, we have seen how a new couple follows social norms regarding the onset of fertility, i. e., maintaining the socially prescribed minimum duration between marriage and first childbirth. There also prevails what may be called a socially prescribed fertility career, which regulates the couple's initiation into the reproductive career, the long drawn process of bearing the socially optimum number of children, and putting an end to procreation. An important mode of indigenous fertility regulation is the prevalence of social practices that favour a certain interval between births. It is possible to identify a few such practices,

which may be distinguished from each other in terms of the manner in which they affect couples. First, there is a norm that parenthood should not result before at least two years of marriage. Secondly, the institution of breast-feeding, including prolonged lactation increases the duration of amenorrhea. Thirdly, according to a widely prevalent attitude, the lactating mother is seldom extended a nutritively rich diet during the entire course of lactation. Such nutritive deficiency also accounts for prolonged amenorrhea. Fourthly, sexual abstinence is prescribed during certain periods.

In Mogra, the average birth interval (locally called hoe) for mothers who have given birth to more than one child is 27 months. Mothers with only one child are excluded from the calculation of birth intervals. Stillbirths as well as live births are taken into consideration for the present purpose. However foetal wastage is not included. Of the total of 3,011 live births, only 27 cases of foetal wastage were reported. This, however, is different from that reported in the west (Potter 1963: 158) where a hundred pregnancies usually produce about 88 live births, 10 miscarriages and two still births. The low figure in Mogra may be explained partly by people's sense of modesty in recalling and reporting miscarriages and abortions. Only 7% of mothers had a short birth interval of less than 22 months, while a tiny fraction (3%) of mothers had a long gap of over 52 months. For about 90% of the mothers the hoe ranged from 23 to 52 months, and of them, for a large majority the hoe was 23 to 32 months. A gap of about two years between two child-births is considered the minimum in Mogra. Those having children within one year of their muklawo are ridiculed. Wyon and Gordon (1971:158,168-9) report similarly for Khanna villages in Punjab where two years of breast-feeding prevents early birth of the next child.

In the absence of these and other customary practices, the birth intervals may not have been what they are. They would have been reduced. This was predicted by Potter and Parker (1964) about American women. The women who had regular intercourse without contraceptives had the probability of conceiving within three months of the last childbirth. Birth intervals in Mogra show that despite rare use of contraceptives, most mothers' hoe is about two years.

One of the institutions that spaces births is abstinence from sexual intercourse during certain periods. Post-partum abstience is one such, the period ranging from two to four months'. It is believed that if a couple violates the norm, it would adversely affect their ritual purity and health. A woman is believed to be continuously impure (especially for sex) for a period of 41 days after childbirth, although the extent of impurity sub-sides after the ritual head-bath on the fifth day. Sexual abstinence is strictly practised during this period. However, the socially expected period is two months after childbirth. Non-observance is re-primanded by household elders and other close relatives.

All women deliver the first child at their natal home. The confinement lasts for two to four months, separating the spouses till the new mother returns to her conjugal home. Even after the proscribed duration of two months, the frequency of intercourse remains minimal for some time. The manner in which the sleeping space is organized diminishes the privacy of couples. The newborn and the young mother are usually under the constant care and protection of elderly women in the house. Constant protection is crucial because the infant is vulnerable to the bites of cats and rats infesting many a house. In such a situation even verbal communication between the spouses is reduced considerably. The employment of post-partum sexual abstinence in many societies, especially in sub-Saharan Africa, as a deliberate attempt at family limitation is reported by Caldwell and Caldwell (1977) and Page and Lesthaeghe (1981).

Other occasions for short-term abstinence's for couples include menstruation, sickness, mourning and religious ceremonies. Separation of spouses for a few months at a stretch in the initial years of marital life is also institutionalized. This is done through the custom of a married girl living in her natal home for longer duration's and making fewer intermittent visits to her conjugal house, more so among castes other than the upper ones. Similarly, as mentioned earlier, the first childbirth is postponed by norms maintaining a time gap between muklawo and childbirth. Usually the prescribed duration of such an interval is at least two years. But in certain cases it stretches even up to 5-6 years. The mean interval is three and half years (see Table 2. 10 for women's age at first childbirth.) If a couple happens to violate the norm and has a child in less than two years after muklawo, people consider it indecent and an affront to their sense of modesty. The cultural values proscribe women from showing any initiative in sexual matters. Such a restraint is also reported from other parts of India (see Gould 1969, Poffenberger 1969, Rao and Mathen 1970; and Nag 1972).

Another important practice accounting for regulation of birth intervals is the mode of breast-feeding. In Mogra, mothers breast-feed their infants on demand. People consider mother's milk as the only vital nutrient for the infant. This belief is so strongly ingrained that infants are not even given water for a considerable duration, i.e., for two or three months, if the child is born in summer, and for four to five months, if in winter. It is believed that giving water to an infant can cause it a throat infection, called galo padno (literally, falling of the throat). Mother's milk is considered so crud al that even if she has no milk due to some ailment or post-partum exhaustion, the infant is nursed by a wet relative. If a mother has less milk, some herbs are prescribed for her to facilitate proper lactation. When the infant is around eight months old, milk, other than the mother's, is gradually introduced. For about seven to eight months the infant survives solely on mother's milk.

Supplementary feed such as milk and cereals is administered around the age of eight months. Semi-solid and other foods are not specially cooked for the infant, except that it is given churmo (mashed roti with ghee) or dud roti (mashed roti with milk). A piece of roti may also be given to the infant to nibble at, and keep it occupied, leaving others to do their routine chores. Cereals are not fed as long as mother's milk can sustain it. This is primarily for two reasons. First, it is believed that cereals cause diarrhoea in the initial stage. This causes discomfort to the infant and inconvenience to the mother and other household members, because it involves constant changing and washing of nappies. This task becomes more tedious in a situation of water scarcity. Secondly, there prevails a strong belief that if an infant is fed cereals its stools stink badly. It is also believed that mother's milk is the only feed that leads neither to diarrhoea nor to malodorous stools. Thus elders find it convenient to delay introduction of cereals and prolong the infant's dependence on mother's milk. As the infant grows, its demand for breast-feed increases, and as a result the frequency of feeding goes up. It is not uncommon to feed such an infant at an hourly interval. This practice of breast-feeding on demand has an important bearing on prolonging the anovulatory period considerably. Reduction in breast-feeding increases fertility by reducing the period of sterility among women. This is reported by Mosley (1977) and Alexander (1984) for java, Wolf (1969) for late 19th and early 20th century Mexico, China, Algeria, Vietnam and Cuba, and by Laderman (1983) for Malaysia.

The weaning of an infant from breast milk and supplementation with cereals generally leads to the onset of the mother's menstrual cycle. But breast-feeding is not discontinued till the next conception is discovered. And if there happens to be no further conception, breast-feeding continues for five to six years for the last child. The significance associated with breast-feeding can be understood from the fact that if an infant dies very early, the previous child is again put to suckle in a conscious attempt at avoiding quicker conception. Senior women of the household and the neighbourhood usually encourage this practice while the mother is in grief. They justify their attempts at putting the elder child to suckle by saying that without doing so the grieving mother would conceive too early.

Another important factor accounting for the prevailing pattern of birth intervals is under-nourishment of the lactating mother. The much, coveted huavad lasts only for a few weeks after child delivery. Beyond this period a new mother is considered healthy enough to continue to lactate without any extra nutrition. Nevertheless, whatever the mother eats is believed to have a direct influence on the infant's health. For a few months, the post-parturient mother observes certain restraints in food intake. She avoids food items believed to have strong hot, cold or sticky properties such as milk, rice, bananas and leftovers from earlier meal's as they are believed to adversely affect the infant's digestion.

Overall the lower nutritional intake by women coupled with continued breast-feeding leads to the physical weakening of most mothers. This state is described as *chungad nee hade*, literally, suckling does not suit.' Thus, because of continued under-nourishment most mothers have long anovulatory periods. There is hardly a case where a mother's menstrual cycle resumes before 10 months of childbirth, save in those cases where the infant dies within a few days of birth.

Why was fertility high despite longer birth intervals in the past? Firstly, as we have seen in Chapter 3, high fertility is advantageous to couples in numerous ways. Secondly, a high rate of child mortality, as discussed in the previous chapter, rarely, gave older couples the confidence to stop procreation as soon as they achieved the socially minimum number of children. But in recent times, as noted in the latter part of chapter 5, an incipient trend is emerging in favour of fertility control soon after couples have the socially optimum number of children. The three cases of young mothers, viz., Vaski, Maggi and Sugan, described in this chapter, highlight their confidence about child survival and consequently their desire to stop procreation. In their fertility behaviour the older husbands and wives provided for child mortality.

Emergent Changes in Practices Regulating Birth Intervals

Having examined the social practices influencing birth intervals, let us turn to recent variations occurring in them. Differential birth intervals are found among mothers belonging to different age cohorts. In other words, the average spacing between children is not the same for the older and younger mothers in Mogra. The older mothers (aged 35 and above) have longer average spacing between children than the younger mothers (aged less than 35).

The shortest average gap between births observed in Mogra is 12 months. Four young mothers are represented in this category. There is no older mother with such a short birth interval. Similarly, a larger number of younger mothers are found in the next spacing interval of 13 to 22 months.

Changes are emerging in the social values and institutions influencing birth intervals among younger couples. Education and urban exposure have some influence, rather incipient now, on traditional institutions. First of all, a major change can be seen in the value of modesty. The younger spouses now dare to identify themselves with one another openly rather than show mutual indifference before senior household members and other relatives in the initial years of marriage. Younger couples occasionally express an overt interest in each other's affairs. Older people express their concern about the younger couple's lack of modesty (hanko, hesitation) in recent years. Most of the elderly contrast their own behaviour with that of the younger ones. For instance, in the past, the

newly married man visited his wife's natal home usually five or six months after muklawo. This period coincided with some festival, usually Diwali. But of late, many younger sons-in-law visit their wives even before the completion of the prescribed period, and they often do this secretly, though it rarely remains so for long. Early first visits are becoming a part of the changing ethos of marriage. Many older persons openly express their disapproval of it.

Shivji, an old man, commented annoyingly about his son's visit to his in-laws within three months of muklawo. These boys have no shame (laj) at all. They lack even basic common sense to feel how their parents will react to it.' Shivji's friend, Chimji, who was sitting, beside him, also, endorsed the comment and said: 'Even the air seems to have changed'. The younger generation behaves without heed to the sentiments of their elders. They are always restless to meet their wives.' Vijaji had a point to make. He stated in a reflective moment: 'When we were young, we never had the moral courage to take the initiative to visit our wives' parental homes on our own. In fact, our parents used to pester us to make such a visit, but we would not even say, "yes" at the first instance. We would only nod after several such persuasions. Parents and other kin would ask our cousins and friends to make such a programme. But look at the younger boys, they have no hanko (a feeling of restraint out of respect of age mixed with hesitation, modesty and lack of confidence).' Sonji, who sat while listening silently all this time, summed up curtly, 'Where is hanko these days? Young men follow their wives as calves follow cows.'

There is also a change in the manner in which visits of the younger son-in-law are organized. First, there is a change in his dress. He rarely ties a potiyo (turban) while visiting his in-law's [1]. Secondly, a marked change has occurred in the rituals and celebrations associated with the visit. In the past his visit used to be an occasion to be celebrated, though on a low key, not only by the immediate household but also by relatives and neighbours. As soon as the son-in-law arrived with his friends and kinsmen, a few neighbours and relatives were sent for. While the men settled down and talked, the women cooked dinner. A few neighbours and relatives joined the guests for dinner. Children were asked to inform relatives and neighbouring women to come for a singing session (git gavano) in honour of the son-in-law. But, for almost a decade now, these practices are on the decline. As the frequency of the visits has increased, celebrations have waned. Consequently, these visits are becoming an affair restricted to the household. As the emerging privacy is convenient for the son-in-law, his deviance from the cultural precept of modesty can be concealed from public censure.

Another noticeable change, with some influence on the shrinking of birth intervals, is the declining parental authority over married daughters. In recent years, some of the castes are withdrawing their hold over married daughters especially regarding their residence in the natal home. Consequently, parents

now rarely insist on their married daughters' prolonged stay in the natal home. Parents now send the married daughter away without much fuss whenever, she is summoned by her conjugal household. In the past, a married daughter stayed longer in her parental home during the first five years of marriage. She did not visit her conjugal home for one year after mukalwo, while her husband visited her once or twice during that year. She made occasional visits to her conjugal household for the next two years. For another two years or so, the bride stayed for almost the same duration in the two houses, gradually tilting the balance towards prolonged residence in the conjugal home with shortened visits to the parental. But recently, the duration of stay after marriage in the parental home has declined in favour of the conjugal home. This has increased her exposure to conception.

Indigenous Techniques of Fertility Control

The understanding of beliefs and practices supporting prevailing birth intervals would be incomplete without probing into indigenous techniques regulating them. These techniques are concrete expressions of, people's notions of the human body and its physiology. What is significant about these techniques is not their actual efficacy in controlling fertility but the claims associated with them.

As the logic underlying the techniques is derived from prevailing notions, a word about their content would be in order. The understanding of human physiology is based on analogies drawn from agricultural production. A woman's body is equated with a field and a man's semen to a with seed [2]. A woman's impregnation is considered similar to the sowing of a field with bajri (millet). (Bajri, being the staple crop, is frequency mentioned in such statements.) While employing this analogy, it is said that the crop will grow if seeds are sown, while the field will remain fallow if no seed is sown. In the same vein, it is held that if childbirth is not desired, then the seed need not be sown. The option of not sowing the seed can he realized in two ways: abstinence and withdrawal. Abstinence is believed to be an ideal means to avoid conception. Whereas abstinence is institutionalized and culturally upheld, withdrawal is disapproved normatively and practised unobtrusively. As withdrawal is shrouded in secrecy, very few respondents divulged information about this practice. Only three women and one man reported about it.

Mehra, a man in the early thirties, confided while his wife sat beside me: 'It is not difficult to practise withdrawal. Both of us take slight care at the right moment and we have no fears of conception. Unlike other contraceptives, it involves no hassles.' A mother concerned about her daughter's excessive fertility suggested this method for avoiding conception. Her daughter, Parti confided: Bajri grows only, when you sow the seed. If the field is ploughed without sowing bajri (the seed) nothing will grow. This is the formula

my mother gave me. And I immediately understood what she meant. It has worked very well with me for so many years.'

Alpu, who had come to visit her parental home, explained why she never revealed to anyone her practice of the withdrawal technique: 'Women cook up stories and make derogatory remarks. It is best if it remains a secret'.

The practice of withdrawal is not popular, as it cannot overcome the barrier of cultural modesty. During the initial years of marriage the young couple feels rather reserved in sharing or discussing with each other their sexual experiences or contraceptive techniques. The question of arriving at a consenesus about a certain technique is obviously ruled out. Even later, when a woman learns of the withdrawal method, she is always shy to talk about it to her husband. Invariably, it takes some time before she can break the ice. With a lot of hesitation, a few young women confided that they could not tell this to their husbands, while a few reported that their husbands approved of the technique. Of them, the majority pointed out the paradoxical behaviour of their husbands who did not object to the technique on the face of it, but never really practised it when required.

Local medicines are also used to curtail fertility. In their usage they do not require joint participation of the spouses. These medicines are popular exclusively among middle-aged women since, as we have seen, they are more desperate than men to avoid conception after acquiring the optimum number of children. Women use medicinal preparations in two conditions. Certain preparations are taken immediately after childbirth, while others during normal days as a preventive to avoid conception.

The local medicines are classified into two main categories, depending upon their supposed properties. They are either sticky or cold. A substance is supposed to be sticky in terms of how it gets glued to certain parts of the body. A cold substance is one that is supposed to neutralize body heat. The sticky substances, such as fenugreek, rice and fuller's earth, are usually taken immediately after childbirth. These are supposed to be effective soon after child delivery, when the woman's body is considered to be tender. These substances are believed to reach the uterus and block entry into the womb before the body regains its original toughness. During the course of such medication, the huavad is postponed to enhance the efficacy of the medicine.

One reason why younger mothers do not use these medicines is that they are under closer observation of elderly women of the household during the first few childbirth's. They have no access even to space and time to experiment with such medicines. After having a few children mothers in their middle age become more

independent in deciding about and procuring these medicines and the ingredients of their huavad.

Medicines understood to have properties of cooling the body can be taken any time except during the post-partum period (japa). One of the medicines consists of ground carrot seeds mixed with hiro (a sweet prepared with ghee, wheat flour, sugar/jaggery and water). It is taken for a few days on an empty stomach soon after the menstrual cycle is over. As soon as the course is over, it is considered mandatory for a woman to consume ladu (a sweet) prepared with five kilograms of ghee, The latter course lasts for about a fortnight. People also believe that if the quantity of ghee is less than the specified amount, the woman is likely to become blind. This makes the medicine so expensive that many mothers-in-law do not allow their daughters-in-law to try it.

Certain other cooling medicines are believed to have no adverse effect and can be taken any time other than japa. These are considered helpful in advancing menopause. Therefore, the are tried mostly by women in their late thirties or early forties. As these medicines are expensive, they are usually taken under the pretext of body ache and sore eyes (a common ailment in desert conditions). It is difficult for poorer women to take these medicines due to their high cost. Many other women are deterred by severe restrictions associated with the medicines. These include avoiding the sun, smoke, strenuous work and extreme weather.

The most secretive and least popular of all birth control methods is abortion. A clear distinction is made between induced abortion and spontaneous abortion or miscarriage. The former is called tibar patakno or adaro patakno (to drop a baby on purpose or to drop prematurely) and the latter adaro padno or bichate utarno (to fall down prematurely or to slip in between). The distinction indicates whether the abortion is intended or not. Each carries a different implication for both the mother and the expert attendants. Miscarriage is considered an undesirable accident or mishap. It is believed to be a punishment ordained by the divine for some poor karma or sinful act, or infliction's of an evil spirit. On the other hand, induced abortion is a sinful act liable to severe punishment in this or the other life. The general disapproval associated with induced abortion is conveyed, through a proverb, 'Sit pura ne ek aduro (literally, seven normal child deliveries are equal to one abortion).' It is a more agonizing experience for the woman. Acute fear is associated with abortion, both in its physical as well as moral consequences.

As mentioned earlier, the foetus is, believed to have a life of its own and is conferred personhood as though it were already born. Aborting a foetus is akin to killing a person. A generous amount of grain for birds and ants, and fodder for cows is distributed as atonement. This is the most common measure adopted

to earn punya, or to expiate any act considered to be sinful. Even though abortion is severely criticized, a few women have resorted to it in an emergency.

Meerki, aged 37 and on the verge of becoming a mother-in-law, took several hot ukalis (infusions) in desperation and terribly upset her system. She had to ultimately approach a dai and request her to save her life. After a great deal of persuasion, the dai agreed to help. She related the event to me: 'Fortunately for Meerki the abortion did come through. Meerki would have died otherwise. I did it because I was not the principal sinner in the matter. She had already initiated the trouble. I just saved her life. Though I share the lesser pap (religious punishment) for the act, I added an amount equal to the money Meerki paid me and bought grain and fooder as reparation. I didn't earn anything.'

As mentioned earlier, women likely to become mothers-in-law in about a year's time are particularly careful to avoid conception. They try several methods to stop procreation, but if they happen to conceive, they are usually desperate to get rid of the pregnancy.

Although abortion in general is considered a sin, it is resorted to mostly if a woman conceives either before muklawo or after becoming a mother-in-law. Although the extent of expiation for all abortions is the same, premarital pregnancy is not tolerated. Abortions in such cases are closely guarded secrets, though they rarely remain so for long. I could discover one such case:

Kamma had to undergo an abortion to save her household from disrepute as she had conceived before muklawo (a rare event, as most girls are sent to their conjugal households around puberty).

The local nurse and dai are also of the view that abortion as such is a sinful act. To abort is to accumulate bad deeds, which are enough to ruin the next incarnation. They did not want to suffer in the next birth. The nurse reasoned that she already had three daughters, believed to be a result of poor karma in the past birth. She feared that doing such sinful acts would mean a worse afterlife. She maintained a clean image in the village by not handling such cases. Also, she refused to do abortions to avoid legal complications that could arise on mishandling, them.

Conclusion

Contrary to some demographers' assumption that rural people rarely control their fertility, people in Mogra practise fertility control albeit through elaborate customs. Reproduction is not left entirely to the caprices of natural impulses. The fecundity duration is not fully realized in actual behaviour. Fertility is brought to an end much before the end of the fecundity period.

Social norms regulate and control fertility in terms of the developmental phase of the husband-wife couple's fertility career. The norm proscribes procreation after a certain optimum number of surviving children. The woman's interest in the conjugal household and its economy increases with her stay there. With the birth of a few children her status increases, and along with it her role and responsibilities. Her roles get more diversified with the progression of the household. Her status as a mother, the multiple roles associated with it, and the growing role-conflict emanating from the progression of the household, become quite demanding. The birth of an additional child after achieving the socially prescribed optimum number of children further complicates matters. She thus reaches the culmination stage of her fertility career.

Social practices prohibit childbirth after a couple's married children enter their fertility careers. The social norms operate through the organization of nuptial space for spouses, the norm of optimum family size, the regulation of birth intervals, and the culmination phase in the developmental process of the couple's fertility careers. In addition, indigenous techniques are adopted to supplement the observance of these norms. Among them are abstinence, attempts to advance menopause, and folk medication.

The social institutions and indigenous practices of fertility control are woven symbolically into values and beliefs related to the fertility career. These are not, blind to the health of both the mother and the child. The observance of various abstinence's, and other practices to avoid conception provide sufficient time for the mother to recuperate. Some of the fertility control practices are even rooted in human physiology, as for instance, liberal breast-feeding to delay ovulation.

1. Potiyo (turban) is considered a sign both of status and adulthood. It is immodest on the part of a son-in-law to be without it while on a visit to his in-laws. Many remarks were, made by the elderly about such immodesty. The comment of vaddi, an old women, is typical: 'None of my sons-in-law came with uncovered head. In our times things were much more decent and respectful. These days the sons-in-law come bare-headed (without potiyo) as though they were entering their parents' home and not their havaro (in-laws' house).'

2. Dube (1986) has elaborated on this theme through a symbolic analysis of the 'earth' and 'seed'.