

**USING BODIES: NEGOTIATING REPRODUCTIVE  
HEALTH IN AN INDIAN VILLAGE**

by

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# Abstract

This thesis considers the ways in which women's bodies are at once objects of state population planning and subjects of sexual and reproductive health (SRH) discourse. By examining the everyday geographies of 29 women in Daultabad Village, India, it is possible to see the ways in which bodies become tools to negotiate sexual and reproductive desires, reshaping power relations related to SRH. The strategies employed by women in light of multiple and conflicting state and village discourses on SRH make visible the spaces of hope created by and with bodies. Women both reproduce and subvert village patriarchy, state planning and nationalism and in doing so foreground their bodies and the village in which they live as spaces of political action. This project draws upon interview-based research conducted by the author in India in 2005 as well as scholarly work on bodies, states, nationalism and sexual and reproductive health and wellbeing.

**Keywords:** feminist geographies; sexual and reproductive health; bodies; states; Indian nationalism

**Subject Terms:** Feminist Geography; Feminist theory; Body, Human -- Social aspects; Spatial behaviour -- India; Birth Control -- Government Policy -- Asia; Women -- Asia -- Social conditions

I dedicate this thesis to many different women and children of Daultabad Village. Their humour, intimacy and insights inspired hope and wellbeing and were more than I could have ever asked for.

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## List of Acronyms

D&C	Dilation and Curettage
GAD	Gender and Development
ICPD	International Conference on Population and Development, Cairo, 1994.
IUD	Intrauterine Device
NGO	Non-governmental Organization
NPP	National Population Policy, Government of India
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
UN	United Nations
WID	Women in Development
WAD	Women and Development

# Chapter 1: Introduction

## 1.1 Research Statement: Bodies Becoming Tools

This thesis explores how women<sup>1</sup> negotiate their sexual and reproductive health in India. By combining theories of bodies and states from feminist geographers, social and anthropological literature on sexual and reproductive health, and my own interview-based research, I explore concepts of sexual and reproductive health (SRH) and choice. Specifically, this thesis presents the everyday geographies of subversion and determination of women in one village in central India. By examining the ways in which women both use and move their bodies, it is possible to see the ways in which bodies become tools to negotiate SRH.

In brief, I examine the ways in which the Indian state and the place of Daultabad Village produce specific, limited choices for women in terms of sexual and reproductive health (SRH) and/or wellbeing and how women in Daultabad both comply with and subvert these options using their bodies. My study is based on primary research conducted between June and October 2005 in Daultabad Village, Haryana, a peri-urban community on the south western outskirts of New Delhi, India. While an abundance of academic, governmental and non-governmental literature exists on various SRH issues in and across India, few if any studies examine individual spatial strategies used by women to achieve their contraceptive, pregnancy, birth, abortion and/or fertility desires or what Ravindran and Mishra (2001) call “reproductive intentions.” And while many feminist geography studies examine how people negotiate social relations and discourse at the scale of the body, I argue that the body itself is used to negotiate them.

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<sup>1</sup> I recognize that the role of men in reproductive decisions is crucial, because they are influential partners and relatives. Furthermore, I acknowledge that men's own sexual and reproductive health is important and that men are also imbricated in national development projects. Finally, I must note here that men often occupy positions that claim “authoritative knowledge” in matters of reproduction (Pigg, 1997; Kielmann, 2002; Unnithan-Kumar, 2004). However, I choose to focus on women due to both the limited scope of this thesis and the logistical and social constraints of conducting qualitative research with men in Daultabad Village.

Ram (2001) and Rao (2004) have highlighted the unique mix of aggressive, nationalist population control and individual rights discourses in India. While there exists a wealth of social science literature on state and regional level planning, women's sexual and reproductive rights and women's individual access to healthcare, there is little geographic research on the ways in which women use bodies to negotiate their sexual and reproductive intentions. Bodies are seen as victims of state policy, or what Hartman (1995) calls 'reproductive wrongs,' and/or discussed in terms of their discursive construction as vessels for the state, representations of the nation and reproducers for society. In material terms, existing literature examines bodies as sites governed by patriarchy, policy and state, but not as tools in their own right.

According to geographer Underhill-Sem (2003) the materiality of bodies is often overlooked in favour of focusing squarely on their social nature. The geographic literature that does exist on using bodies focuses only on the South Pacific (Underhill-Sem, 2001;2002;2003). Furthermore, the majority of analysis on SRH in India is from anthropological and sociological perspectives (Ram and Kauanui, 1998; Ram, 2001; Kielmann, 2002; Kielmann and Bentley, 2003; Unnithan-Kumar, 2003; Van Hollen, 2003; Unnithan-Kumar, 2004). Conducting on the ground research in Daultabad Village enables an analysis of women's everyday geographies of defiance and will.

While the state is often charged with shaping women's sexual and reproductive rights and corresponding choices, the case of Daultabad points to the space of the village as central in forming specific gender norms and women's body and wellbeing strategies, and the place of the body as a site of performance. In this thesis, I examine how women negotiate their reproductive intentions not only at the scale of the body, but with their bodies, in light of village and state regulations and norms.

## **1.2 Using Bodies**

As stated above, women negotiate and subvert the options available to them by using their bodies. They do this by accessing private abortions without familial or state consent (abortion in India is legal, but only with both a doctor's and husband's approval); by avoiding or refusing sex which is their 'wife duty'; by strategically breastfeeding and by proudly fasting and praying for children (especially sons) and having more children than the "just two" which the government of India rigorously advocates. Women also

refuse sterilization operations and Intrauterine Device (IUD)<sup>2</sup> insertion and have their IUDs privately inserted or removed against the wishes of the state, husband, in-laws or all of the above. Women withhold sex by going to stay at their parents' or brothers' houses where they are typically perceived as asexual daughters and sisters.<sup>3</sup> Alternatively, women may have their sisters or sister-in-laws visit overnight or make the children sleep in the same bed in order to de-sexualize the conjugal space. This arrangement of bodies is done to avoid sex and chores in general, but especially after induced abortions, dilation and curettage (D&C)<sup>4</sup>, miscarriages or other sexual or reproductive events that require temporary sexual abstinence.

Other uses of bodies, such as gestures and movements, subvert the daily, cultural confinements constructed for and by women. Women 'keep quiet' and purposefully do not engage in arguments with mother-in-laws and husbands around issues of fertility, contraception, ultrasound determinations, induced abortions and other sexual and reproductive demands that are imposed on them and not in line with their own sexual and reproductive intentions.

While keeping quiet may not seem an overt act of resistance, the refusal to consent to and acknowledge a familial authority through unresponsiveness was proudly articulated to me. According to many women, this is an effective method of avoiding conflict and 'keeping harmony' in the household. Keeping quiet is also almost always combined with leaving the room or house (going to a neighbour's house, village well or parents' home outside of village) instead of saying 'no.'

In Daultabad, as in many other communities in India, it is customary for the daughter-in-law to conform to the wishes of her husband, mother-in-law, father-in-law and even to the elder sister-in-laws with whom she may co-habitate with. Covering the head, face, and chest while often cited by women as 'traditional' sign of respect for elders, is at the same time admittedly a strategy for hiding the body from men's gazes and avoiding any suggestions of sexual misconduct on their part. At the same time,

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<sup>2</sup> An Intrauterine Device (IUD) is a small T-shaped object inserted into the uterus to prevent pregnancy. The IUD affects the movement of eggs and sperm and changes the uterus lining (endometrium) to inhibit implantation. Various forms of IUDs exist.

<sup>3</sup> Obvious exceptions would be survivors of incest or sexual abuse, a topic I will briefly engage with in Chapter 4: Using Bodies.

<sup>4</sup> Dilation and curettage (D&C) is a procedure of scraping the uterus lining (endometrium) typically to remove tissue remaining after a miscarriage, abortion or birth or for the purpose of testing tissue cells for abnormalities.

however, visible signs of marriage and pregnancy are typically unavoidable and may inhibit mobility and any alternative, desired strategies.

Often women's uses of bodies may be seen as conflicted: in subverting state policies, they may reinscribe village and household norms or vice versa. Women contend with patriarchal conventions in the village as well as those of the Indian state, which seeks to control women's fertility. Sometimes they follow dominant, patriarchal sexual and reproductive expectations, reproducing either village or state patriarchy, or both, and recreate dominant discourses on women's bodies and SRH. In using their bodies, they also however, demonstrate subversion of these oppressive, restricting relations and structures and in doing so participate in socio-political change. In short, their bodies become subjects, not objects, of reproductive discourse.

According to the *Dictionary of Human Geography*, a discourse is a "specific series of representations, practices and performances through which meanings are produced, connected into networks and legitimized" (Discourse, 2000). Furthermore an understanding of discourse rendered by Michel Foucault (1980b) highlights the multiple and dynamic ways in which power and knowledge intersect and are always contested and renegotiated. SRH discourse at state and village scales is powerful in that it constructs people's sexual and reproductive lives by shaping and conditioning their sexual and reproductive meanings, expectations and identities and ultimately produce sexual and reproductive subjects. In terms of this project, I examine the ways in which sexual and reproductive scripts are produced through words, symbols, laws, ceremonies and people's performances related to pregnancy, birth practices, population policy, and gender, that produce specific behaviours pertaining to sex, choice, bodies and identities. These practices shape people's sexual and reproductive lives and produce people's sexual and reproductive identities.

This thesis explores how the Indian state shapes women's SRH, how the place and space of the village shapes women's SRH and where these processes correspond and diverge. For example, women may access an illegal abortion against the wishes of the state and in doing so, be committing female infanticide, fulfilling village patriarchal preference for sons. The goal here is not to untangle this messiness and suggest that women are *either* conformist *or* resisting, but to highlight the everyday strategies employed by women in light of multiple and often conflicting state and village discourses on SRH. In doing so, I emphasize spaces of hope created by and with bodies.

In terms of performances of subversion, I refer to what Hyndman and de Alwis (2004: 552) call the “calculated presentation of self in everyday life.” While these authors speak in reference to survival techniques of Tamils moving about in a Sinhala-majority Sri Lanka, recognizing the intentional performances of people can be applied to understanding the ways in which women negotiate their sexual and reproductive wellbeing. Highlighted in the sociological work of Goffman (1959), this view of individual performances as deliberate mechanisms for adapting to different social settings differs from feminist approaches to performativity presented by Butler in her seminal work, *Bodies that Matter* (1993). Butler views performances not as calculated and/or premeditated but as reiterative acts based on socially constructed scripts within “regulatory fictions” (Butler, 1993, as cited in Hyndman and de Alwis, 2004: 550).

Hyndman and de Alwis combine the theories of Goffman (1959) and Butler (1993) by showing how “identity is enacted through regulatory regimes that expect certain performances from specific people” (2004: 551), emphasizing that regulatory scripts can be subverted. The authors demonstrate the ways in which people’s everyday survival strategies “sometimes make explicit and at other times disrupt the interpellatory scripts of Butler’s regulatory fictions” (2004: 553). With this view of performance, Hyndman and de Alwis illustrate spaces and places of and for individual agency, which are downplayed by Butler. Butler (1993) writes that performances cannot “be a human act or expression, a wilful appropriation, and it is certainly *not* a question of taking on a mask; it is the matrix through which all willing first becomes possible, its enabling cultural condition” (7). Combining Goffman’s humanistic, agency-oriented understanding of performance with Butler’s poststructuralist one enables recognition of people’s individual intentionalities within a socially produced context of regulatory frameworks and scripts. In other words, everyday social actions are beyond either/or categories of ‘conforming with’ or ‘resistant to’ because people are subjects of the social discourses that give them meaning. Through acts of subversion, the dominant discourse is recalculated and reformed. The regulating script is rewritten through reiterative performative acts.

With this understanding of calculated subversions of governing scripts, it is possible to recognize that women are both produced by and produce their SRH and wellbeing. The concept of choice in the activist claim for reproductive rights is therefore problematic. Dominant discourses on sexual and reproductive choice and rights, which I

examine in detail below, make simplistic and often false assumptions that the provision of reproductive rights and choice with a liberal human-rights framework can 'free' women from existing, gendered regulatory frameworks (Viswanath, 2001).

Following Butler's (1993) theory of the reiterative performativity of identity, my work shows that while women may act in ways that rearticulate dominant social systems of heterosexual reproduction, dualist gender roles, male dominance, and so on, they also act in ways that subvert these systems in subtle, yet critical and often intentional ways (Goffman, 1959). While an apparent lack of individual options and freedoms for these so-called 'third world' and 'poor' women might easily be construed as disempowerment, the women I present here demonstrate calculated defiance of laws and norms that do not mesh with their sexual and reproductive intentions. Within SRH regulatory fictions produced by people, village and the state, women find alternatives in both discreet and overt ways, using the "geography closest in" (Longhurst, 1994), their bodies.

In presenting women as actively subverting state and village discourses, however, I also do not wish to gloss over the overwhelming oppression that so many women in India face. Furthermore, I also caution against using the term 'woman.' Feminist scholars have argued against the essentialist and universalizing category of woman as an essentialist, monolithic 'Woman' (Mohanty, 1991; Bannerji, 1995) and demand a recognition of the ways in which gender is cross-cut by differences in class, caste, religion, nationality, and sexuality. In this work, the category of woman is used because the people interviewed were united along some common threads such as and being situated as 'Women' in the village and the nation, and targeted as 'Women' by sexual and reproductive health programs, despite their various positions with these regulating structures and obvious differences in character and personal stories. Furthermore, women identified themselves as women and as different from men. While I continue to use this political category, I do recognize that women are differently situated as wives, mothers, daughters, mother-in-laws, daughter-in-laws, elders and girls and that these positions are always shifting.

In examining militarization, Enloe (2000) emphasizes its common victimization or subordination of women stating "that process treats women as distinct from men; that process virtually always privileges masculinity, even when some women do gain some new opportunities from being included" (299). The same can be said for the processes



by which women are relegated to mother and wife and bearers of and for the nation. By describing 'poor Indian women' in this essay I do not wish to suggest any 'common experiences' of motherhood, marriage, or child birth, but instead highlight the processes which rely on and reproduce the construction of 'Women' and 'Women's bodies.' Nor do I wish to imply a more enlightened and 'free' depiction of myself, an integral research issue I explore more deeply in Chapter 2.

Instead, I wish to demonstrate both women's oppression within a patriarchal state and village and their ability to subvert that system with respect to their own sexual and reproductive health and intentions. What I present here, is a constant negotiation of power over women's bodies by women as they negotiate gender norms and health regimes and by the systems of patriarchy in the village and the state which rely on specific understandings of masculinity and femininity. This occurs at the scale of the body, within and around the village and against the regulating behaviour of the state.

While my work here highlights the everyday negotiations of poor women in a village, further work that analyzes differences in class, caste, religion, region, language and so on would be significant in examining differences beyond gender, but is outside the scope of this master's project. The goal of such a study would not be to make generalizations about some group called 'Women,' but to highlight a common thread of oppression in terms of sexual and reproductive wellbeing that dissects caste, class and other categories of differences among women, and/or to identify tactics of subverting state policy or village norms across geographical and cultural locations. Enloe (2000) echoes the work of feminist scholars and activists around the world in saying there is no "mythically monolithic creature as "Woman"" (296). She also states, "arriving at this conclusion does not require a person to lose all confidence in the belief that "women" is an authentic political category" (297).

In the following sections, I begin with a brief overview of feminist contributions on women, gender and development, followed by discussions of both dominant SRH and rights discourses in general and India's National Population Policies (NPP) specifically. Finally, I provide a brief outline of my subsequent thesis chapters.

### **1.3 Feminist Contributions to Development**

Rathgeber (1990) identifies three main feminist contributions to development thinking, namely women in development (WID), women and development (WAD) and

gender and development (GAD). In the 1970's, a women in development (WID) approach emerged with Esther Boserup's (1970) call to explore women's roles in economic development. This focus was critical of the unequal division of labour between men and women and based largely on modernization theories (Rathgeber, 1990; Visvanathan, 2002). One key assumption made was that women would achieve equality *with* men as they became economic partners in development. Beneria and Sen (1981) criticize this approach as too focused on productive roles at the exclusion of the many valuable reproductive roles women engage in and for ignoring the social structures that produce gendered relations of power in the first place. A women and development (WAD) approach sought to overcome these limitations by examining relations between women and development processes (Rathgeber, 1990). As Kabeer (1994) illustrates, while WAD approaches go further in examining the structural causes of women's subordination, blame for gender inequality is often placed on global class and capital systems without attention to the myriad of other relations that situate women in oppressive ways.

In the 1980s, instead of a focus on the category of women, gender and development (GAD) theories ushered in a new focus on the relations between men and women—on the construction of gender—eventually also examining other categories of difference such as sexuality, age, ability, caste, class, race and so on, as they intersect with gender. While women in development (WID) approaches seek to bring women *into* development programs by ensuring their inclusion, WAD and GAD approaches call for programs that are driven by the participants themselves. The former places emphasis on organizing women in collective groups, while the latter calls for programs run by women 'participants' themselves. The GAD approach differs from WID and WAD in that it demands a transformation of development theory and practice and calls for new strategies of feminist intervention that undo the gendered nature of development itself. As Hyndman and de Alwis (2003) illustrate, however, gender is often only added on to existing development programs. Instead of transforming development, 'gender analysis' is reduced to the inclusion of categories of 'gender' and 'women' in development projects (Ibid.).

This 'adding on' of gender to development is apparent in GAD approaches that seek to give voice to those traditionally silenced in development programs and policy. This approach claims to avoid the problematic of speaking for previously silenced

women and instead suggests that development itself is driven by the needs and demands of those it seeks to help. While well-intentioned, the GAD approach of listening to and making women's voices heard is troublesome in a number of ways. As Wood (2001) explains, the use of women's voices does not side step or, in fact, untangle, the messy, unequal relations of power inherent in post-colonial relationships (between development programmer/researcher and development 'participant' or between first and third worlds) and in fact, serves to authorize development itself.

In 'listening,' the development practitioner/researcher is not an innocent bystander or facilitator—s/he is often engaged in the interpretation and categorization of these *other women*. In examining an Oxfam-led project called Listening to the Displaced (LTD), Rajaram (2002) highlights how the LTD humanitarian program evaluates refugees' identities based on predetermined categories of gender. She writes "the privileging of a particular sense of 'gender' divorces— again— refugee voices from social, political or historical contexts" (258) and that "the institutional framework of the aid organization continues to set the boundaries within which refugee identity is voiced" (262).

In placing development in the hands of 'the poor,' the GAD approach glosses over the integral 'listening' role of the development researcher or practitioner as somehow suddenly neutral. As Rajaram (2002), Rose (1997) and others feminist scholars have indicated, there is no neutral, objective position from which to research or stand, a topic I explore in-depth in Chapter 2. In fact, development itself relies on the (re)construction of 'subaltern' women to justify their programs. As Donna Haraway (1991) writes,

The standpoints of subjugated are not 'innocent' positions. On the contrary, they are preferred because in principle they are least likely to allow denial of critical and interpretative core of all knowledge. (191)

At the same time, the professionalization of development demands that these 'subjugated women' be rational decision-makers for their research and policies to be deemed valid and for their participation in development to be considered authentic (Wood, 2001).

In this GAD call for women's empowerment through self organization and 'unsilencing' (Young, 2002), Wood cautions against the construction of an equally essentializing "third-world-woman-as-authentic-heroine" (2001: 433). This 'new' woman

is “close to the earth, self-aware, self-critical, nurturing of culture, community and family” (433). As an attempt to counter (neo)colonial constructs of development, this re-imagining of a category called ‘third world women’ is self-defeating. The approach instantaneously reconstructs the existing (neo)colonial assertion that irrational, uneducated, submissive and poor are undesirable qualities. In contrast, rational, educated, empowered, free and rich women are the target and the preconception of development from third to first world ‘standards’ is maintained. Wood (2001) suggests that “we must allow not only the possibility that some ‘third world’ women may actually be traditional, or passive, or irrational, but also that these may not be deficient characteristics” (434). In this sense, the goal of this thesis is not to evaluate the degree to which women are empowered versus disempowered, but to examine their daily sexual and reproductive strategies in light of existing (and changing) power relations.

Visvanathan (2002) links the individual to regulatory structures of patriarchy and state governance by writing that GAD’s focus is not only on empowering women and placing control in the hands of the ‘user,’ but also about the responsibility of others, especially the state. “While GAD emphasizes women’s empowerment and male responsibility, it includes a definite role for the state in programmes to bring about equality between the sexes”(Visvanathan, 2002: 24). Young (2002) echoes this statement saying that while GAD calls for women’s self-organization, it also “places equal emphasis on the necessary role of the state in promoting women’s emancipation” (53).

It is here that I turn to the production of SRH norms within international development and women’s health rights communities. A dominant discourse on SRH has emerged within large, international NGOs and has been codified in United Nations (UN) international policy statements and ratified in state legislation. This dominant discourse draws upon feminist contributions to development discussed above, in which women ‘need’ to be empowered through women-centred and/or gender programming and the involvement of the state (local, regional, national) in providing necessary social services for women. Furthermore, this sexual and reproductive rights discourse relies on demographic approaches to development, especially neomalthusian theories of overpopulation.

By way of introduction, I will discuss the development and demographic foundations of global policies on sexual and reproductive health and rights. These

dominant discourses on SRH construct a specific understanding of international development and sustainability, one in which global problems are blamed on 'too many bodies.' In this next section, I explore the political stakes of this overpopulation rhetoric on women's sexual and reproductive 'choice.'

## **1.4 Sexual and Reproductive Health (SRH)**

In seeking to give voice to the marginalized by empowering people within development, the gendered, racist, neo-colonialist structures that are produced by and for development are maintained. Benchmarks for empowerment are based on comparisons between first and third worlds. Concepts of education, gender-inclusiveness, human rights and choice, which can be transformative and empowering, become terminologies that reify difference between a 'free' and 'superior' West and a 'helpless' and 'inferior' South. Inherent in this development rhetoric is a framework of rational decision-making. In terms of sexual and reproductive rights and choice, the woman who 'chooses' to limit fertility to two children is celebrated as an educated, empowered, rational decision-maker whereas the woman who improves her status and autonomy by having four sons is labelled 'traditional' and 'subjugated' (Van Hollen, 2003). Similarly, from a sustainable development standpoint, there is no celebration at the healthy birth of a woman's sixth child, whether a girl or a boy.

Understanding the political costs and underlying assumptions of calls for education, empowerment and autonomy is central to uncovering what is meant by reproductive 'choice,' health and rights. For example, SRH experts such as those from the Population Council or Ford Foundation, two organizations credited with shaping dominant discourses on population and development globally, but especially in India (Rao, 2004), make key assumptions about the appropriate behaviour of women. The supposition made is that induced abortion is a last-resort contraceptive method, regular use of this practice is wrong and that this behaviour needs to be changed. This dominant SRH approach is based on the assumption that women should be educated to use other methods of contraception such as birth control pills, IUDs, condoms, hormonal injections and implants and sterilization. Natural methods (calendar, temperature, ovulation, billings etc.), which require user-control, besides abstinence, are rarely discussed. Instead, technological and often hormonal interventions are considered more appropriate.

When performed properly within a given time, medical abortion does not lead to infertility, cancer, future miscarriages or any other health problems, sexual or non. In 'choosing' multiple medical abortions or a fifth pregnancy, a woman's 'reproductive rights' are cast as 'reproductive wrongs.' Dominant SRH discourses (re)construct key assumptions about the 'right' kinds of behaviour people should have: rational decision-making and 'right' choices to limit family size. Instead of programs that tackle the underlying causes of gender inequalities, gender rhetoric has been tacked onto the same old family planning programs that exist to limit fertility, not transform unequal relations based on social constructions of men versus women. Gender is now included in sexual and reproductive rights programming and policies under the rubric of 'couple's rights.'

In their critique of gender and development (GAD), Hyndman and de Alwis illustrate the lack of any significant contributions of gender analysis to development and call for FAD or feminism and development. This approach, they argue, will not only provide the necessary critical framework to transform the gendered nature of development processes, it will provide a feminist analysis of differences beyond gender, including ability, sexuality, race, class, citizenship and so on. Watkins (1993) and Presser (1997) provide similar critiques of GAD in their examinations of gender, feminism and the field of demography. As Presser notes,

Gender differences are not what demographers generally seek to explain. Rather, their focus tends to be on demographic outcomes as dependent variables and on gender (when included) as an independent variable- to specify differences without pursuing the process by which these differences emerge. Women are given special (and usually exclusive) attention in fertility research, but their wellbeing as compared to men is not the central issue; rather, the issue is the factors that determine their reproductive behavior. (303)

The actual gendered nature of demography and demographic thinking and the situation and categorization of women as 'lesser than men' is left unexamined. As in the Oxfam refugee study described by Rajaram (2002), pre-determined categories of gender form the basis of research. The lack of gender analysis in demographic studies and population programming is reflected in the ways in which the language and relations of patriarchy get used in nationalist campaigns in India alongside liberal, democratic calls for women's rights to make choices concerning their own bodies. While dominant

discourses on SRH are peppered with the language of rights and 'choice,' an overarching impetus for population control remains strong in India.

#### 1.4.1 Dominant Discourses on Sexual and Reproductive Health

Dominant discourses on SRH have been most significantly shaped by and based on the 1994 International Conference on Population and Development (ICPD). It is important to review the ICPD because its outcome policies, detailed in its Programme of Action (POA), provide the foundation upon which many countries implement their own sexual and reproductive rights policies and was ratified by India in 1994. In 1995, the Government of India initiated a nation-wide Reproductive and Child Health Programme (RCH) based on the ICPD conference recommendations which continues to this day.

In her closing remarks to the conference, Secretary-General Nafis Sadik stated that the ICPD represented a "quantum leap" (Earth Negotiations Bulletin, 1994: para. 1) for population and development policies. Like many others, she praised the conference and its 118-page Programme of Action (POA) for placing gender issues at the center of discussions.<sup>5</sup>

To many, the conference represented a shift from emphasizing demographic targets and population control measures, to a focus on the reproductive health and rights of both men and women (Caldwell, 1996). Despite overwhelming praise for the "landmark"<sup>6</sup> Programme of Action (POA), its underlying assumptions are no different from those that have preceded it.<sup>7</sup> Negotiations over the POA were dominated by the US, Holy See and Western-dominated women's groups squabbling over terminology<sup>8</sup>

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<sup>5</sup> Those praising the ICPD are too many to list. Some include the International Women's Health Coalition (IWHC), Women's Environment and Development Organization (WEDO), World Bank (WB), World Health Organization (WHO), UN Population Fund (UNFPA), Fred Sai, President of the International Planned Parenthood Federation, US Under Secretary of State Timothy Wirth, Stephen Lewis, former Canadian Ambassador to the UN, Anastasia Posadskaya, Head of the Moscow Center for Gender Studies, and Sandra Kabir, Founder and President of the Bangladesh Women's Health Coalition.

<sup>6</sup> Many participants saw the POA as a "landmark" in population policy, see McIntosh & Finkle (1996: 239).

<sup>7</sup> Previous Documents from United Nations (UN) sponsored International Conferences on Population and Development were ratified in Bucharest, 1974, and Mexico City, 1984. McIntosh and Finkle (1995) point out that the language on development used in the World Population Plan of Action created at Bucharest in 1974 and reaffirmed in Mexico City, 1984, is almost identical to that used in the 1994 Cairo ICPD. The only change is the inclusion of the term 'sustainable development' and brief paragraphs on its importance (due to environmentalist pressure following the 1992 Rio Earth Summit, see Bandarage (1997) and Ross (1998)). The 1994 Programme of Action (POA) maintains the same development assumptions made in 1974 and maintained in 1984. See *Population Consensus at Cairo, Mexico City and Bucharest* (1995) and *The Population Debate (The Population Debate: Dimensions and Perspectives)*, 1974).

<sup>8</sup> The battle over terminology is presented in detail by McIntosh and Finkle (1995). Also see Vandana Shiva's (1994) *Women's Rights Reduced to Reproduction Issues*.

and were based on the outdated premise that population growth must be controlled for socio-economic development to occur.

While population pressure may be a contributing factor to social and economic dilemmas, it is not the root cause of poverty (Ross, 1998). In fact, studies dating back almost forty years (Easterlin, 1967; Kuznets, 1967; Bauer, 1984; Simon, 1984) have demonstrated the "near-zero correlation between population growth and per capita economic growth" (Rao, 2004: 116). As Rao (2004) highlights, a study by Mamdani (1972) in India showed "that people are not poor because they have large families but on the contrary they require large families because they are poor" (116). In the end, sustaining people everywhere at some basic-needs level is not an issue of population numbers or percentage increases; it is one of power and its distribution within and between communities throughout the world (Ross, 1998).

The ICPD focus on developing the technical, legal rights of the individual effectively sidelined any discussions on "the global and local social, political and economic structures which serve to deny all sorts of rights to women in the first place" (Van Hollen, 2003: 207). As Van Hollen illustrates, "consensus among Indian women's organizations seemed to be that socio-economic changes, not rights, should be the priority" (207). Not only does the conference POA ignore the diversity of women and women's rights movements throughout the world, by adopting certain liberal feminist rhetoric, it continues to obscure the neomalthusian nature of population policies.

#### **1.4.2 Neomalthusianism and Development**

Neomalthusian thinking, most commonly associated with the work of Paul Ehrlich (1968), suggests that population growth in developing nations is the root cause of, and population control the major solution to, social problems including hunger, pollution, disease and political instability. An integral part of neocolonialist theories of development, this line of thought suggests that so-called 'third world problems' are the static result of local conditions, such as underdeveloped institutions, social unrest, poverty or in this case 'overpopulation,' (Escobar, 1995). This constitutes blaming far-away people in "out-of-the-way" (Underhill-Sem, 2001) places without trying to understand the complexity of factors that have created present day conditions, structures and relations.



From an environmental or sustainable development perspective, relationships between people and the biosphere are simplified to processes of consumption, excluding power relations based on gender, class, race, sexuality, international economic systems and so on that shape and drive those consumption patterns (Rao, 2004). As Ross (1998) concludes, the neomalthusian focus on overpopulation effectively rationalizes and conceals the “the aims and contradictions of capitalist development”(221). More specifically, the crusade to limit population growth points a finger at women in the South, suggesting that their fertility is causing global crises.

Escobar (1992) argues that “the discourse of Development has been a mechanism for the production and management of the Third World”, “organizing the production of truth about the Third World” (413-4). His reflections on the production of underdevelopment (Escobar, 1995) can be compared to the post-colonial analysis provided by Edward Said (1978). In his book *Orientalism*, Said criticizes the Eurocentric construction of a lesser, ‘other’ place called ‘the orient’ which enabled the simultaneous construction of a superior ‘west’ or ‘occident.’ The imagined ‘Orientals’ living in this out-of-the-way, exotic place are racialized as irrational, absurd, immoral and therefore the perfect opposite to the construction of a rational, superior, modern Western citizen. This global construct of Western versus Eastern feeds neomalthusianist theories that produce images of hoards of poor, brown women (and men) who are too ignorant to control their births, rendering invisible all of those people who are having large families strategically for cultural, religious, social, political and/or economic reasons.

A contemporary example of neomalthusian pervasiveness is in Al Gore's documentary *An Inconvenient Truth*, (Guggenheim, 2006) where overpopulation is listed as one of the three main causes of global climate change, alongside destructive technologies and overconsumption. In this documentary, the former vice president of the United States directly points to the large populations in the global south as a central cause of “impending environmental crisis” (Ibid.). This neomalthusian approach fails to account for people's relations to their surroundings or indeed their production and reproduction of those spaces. The image of a teeming mass of ‘bad bodies’ effectively obscures the relationships and processes by which these too-many-bodies interact with the earth and indeed with each other. As Ross (1998) states,

while Malthus is remembered chiefly as the originator of a theoretical perspective which has left us with an unremitting anxiety about ‘over-population,’ his greatest achievement, in fact, was to devise such an

enduring argument for the prevention of social and economic change.  
(225)

Imrana Qadeer (1994, as cited in Van Hollen, 2003:144) similarly argues that neomalthusianism creates the impression that states and organizations are doing something to end poverty when in fact existing social and economic systems of inequality remain in tact.

Neomalthusian thinking presents a picture of a homogenous, orientalised, overpopulated mass; an overwhelming body of bodies if you will. The internal dynamics of this horde- the gender, race, age, livelihoods, trade patterns, political boundaries, environmental and spiritual understandings and ceremonies—the inconvenient truths—are set aside. Social inequality and poverty should not be reduced to a set of numbers.

#### **1.4.3 'Just Have Two': Education, Fertility and Autonomy**

Another justification for family planning programs which I will discuss in detail is the assumption that educated people 'naturally' choose to have fewer children. Again, this simplistic argument fails to account for the strategic decisions people make based on a range of human relations and changing circumstances and feed development, Orientalist and neomalthusian constructions of ignorant 'others' who need to be educated. The argument seeks to naturalize and normalize a 'rational' decision to limit fertility. Key studies by Jeffery and Basu (1996), Jeffery and Jeffery (1997) and Vlassoff (1996), among others, have successfully problematized the direct correlation between education and/or literacy and fertility rates.

I have four main critiques of this population approach to women's autonomy, which I will call the education-fertility-autonomy nexus. Firstly, a woman's education is neither a necessary precursor to fertility decline nor a determinant of reproductive autonomy in India. Secondly, educated women do not 'naturally' want to have fewer children because it is *always* a 'wise' and 'educated' choice. The misconception that schooling has a negative relationship with female fertility ignores the crucial dynamics that connect a women's education to her reproductive 'choices' and the contexts within which sex, contraception, abortion and other sexual and reproductive practices are conducted. Thirdly, while a reduction in pregnancy and childbirth through spacing and contraception can have positive effects on women's health and overall life expectancy, the promotion of fertility reduction for individual, household, community and national

development and wellbeing is problematic in that it fails to transform women's and girls' marginalized positions within society.

My first critique of the education-fertility-autonomy approach relies on numerous studies which clearly indicate that education is not a precursor to fertility decline (Bhat, 2002a;2002b; Arokiasamy, McNay and Classen, 2004). Arokiasamy, McNay and Classen (2004) show that illiterate women in India are the key contributors to the country's current fertility decline (see also James (1999) for a state case study of Andhra Pradesh). Moursund and Kravdal (2003) also emphasize this trend and demonstrate that women's individual education does not lead to greater reproductive autonomy and contraceptive use. Instead, they reveal that the autonomy and education of all the *other* women in the community has a far greater effect on individual contraceptive use and fertility rates. The study by Arokiasamy, McNay and Classen (2003) makes the same conclusion, similarly emphasizing factors "beyond the uneducated women's own individual circumstances" (21). Both the above studies highlight "[p]rocesses of social interaction as central" (21) for diffusing norms, values and preferences concerning reproductive and fertility intentions. As well, both emphasize the significant role of mass media in spreading reproductive customs (see also James ((1999)).

I do not want to imply that women should not be educated or that education fails to benefit women, but instead that the decision to educate women is based on a demand for their rational fertility reduction. As McKinley (2003) writes,

Demographers argue *ad nauseam* about the fertility-limiting effects of universal education, increased female workforce participation, economic development, and provision of health and contraceptive services, as if women's education, employment, and access to credit and social services were not, in themselves, worthy goals for governments to pursue. (52)

Along these lines, if the driving force for education is fertility decline, there is a threat that educational programmes for women become focused on reproductive health issues at the expense of more generalized knowledge, reaffirming women as reproducers, wives of men and mothers for the nation (Jeffery and Basu, 1996; Jeffery and Jeffery, 1997; Basu, 2002). Another possibility of focusing too heavily on education as a means for women's empowerment is that funds may be diverted to education and development at the expense of much needed SRH programs.

My second critique of this focus on education-fertility-autonomy is that the decision to limit fertility comes 'naturally' to educated and autonomous women. Education and autonomy are not necessarily precursors to family planning and fertility decline; other crucial determinants must be recognized. A variety of factors including women's relationships with their in-laws, places of habitation, fertility norms, income, employment in various economies, autonomy in relation to men, religion and location affect women's sexual and reproductive decisions, not to mention child mortality rates and religious norms. Social, economic and political factors play significant roles in determining fertility.

In his national case study, Bhat (2002b) argues that "fertility is falling and child schooling is rising in India because illiterate couples have begun to make a quantity-quality trade-off in reproductive matters" (1793). He concludes that illiterate "[c]ouples have begun to reduce their family size in order to invest more in child schooling" (1802). In Maharashtra, Jeffery and Jeffery (1997) and Kielmann and Bentley (2003), suggest that declining fertility is linked not to women's autonomy, but to government-led sterilization campaigns. McNay, Arokiasamy, & Classen (2003) are critical of education-fertility studies and write that

emphasis on the link between education and fertility (for example, Drèze and Murthi 2001) now masks the true nature of fertility decline because women's own socioeconomic circumstances, such as their education, do not seem necessarily to be accurate predictors of their fertility behaviour. (21)

One of the arguments made by Drèze and Murthi (2001) is that more educated women have fewer children because education leads to lower levels of child mortality and therefore women "may" (2001: 4 and 5) plan for fewer births. This argument is not only countered by the above research showing fertility decline is occurring among uneducated women, but also by studies that show persistent high rates of female child mortality despite an overall national decline in overall child mortality. The language used by Drèze and Murthi (2001) is highly speculative and their research fails to account for studies that clearly indicate the rise of sex-selective abortions among more educated women in India (DasGupta and Bhat, 1995; 1997; Jha, Kumar, Vasa, Dhingra, Thiruchelvam and Moineddin, 2006).

Jha, Kumar, Vasa, Dhingra, Thiruchelvam and Moineddin (2006) show that higher education in India is correlated with greater son preference achievements. They

concluded that more educated women are using ultrasound technology for sex-determination and are aborting female fetuses at much higher rates than uneducated women. While Drèze and Murthi (2001) suggest that higher education results in the decision to reduce fertility, further studies show that instead, higher education increases use of medical abortion to terminate female-sex pregnancies. Here women are not 'choosing' to have fewer children, they are 'choosing' to have more sons. Drèze and Murthi (2001: 20) argue that "the spread of sex-selective abortion is a very minor channel of fertility decline" in India but Jha et al. estimate the "abortion of 10 million female fetuses" (2006: 211) in India since 1986, at a conservative rate of half a million a year.

This last point leads to my third key critique: the goal of fertility decline, while professing to aid individual, community and national development in India, is not without problems. As indicated by the rise of sex-selection abortions, despite declining fertility and rising education levels for women, a culture of son preference remains strong (DasGupta and Bhat, 1997; Clark, 2000; Moursund and Kravdal, 2003). Clark (2000) provides evidence that in India, "smaller families have significantly larger proportion of sons than larger families" (95). Jha et al. (2006) write that "in India, the sex of a previous child or children born affects the sex ratio of the current birth, with fewer females born as second or third children to families who have yet to have a boy" (216) suggesting that unequal gender constructs continue to play a large part in fertility decisions. Indeed the 2005-2006 National Family Health Survey (NFHS-3, 2006) found that 95.2 per cent of married women in the state of Delhi were pleased to have 'just two' only if both their children were sons; 94.6 per cent did not want more children if at least one of their two living children was a son; but that 70.7 per cent of women with two daughters felt their families were not complete and desired more children.<sup>9</sup>

The assumption that programs for women's education will transform gender relations has been problematized by Basu (2002) who shows that rising women's education and autonomy does not translate into rising reproductive autonomy in the household. In a study of women's education and autonomy in India, Moursund and Kravdal (2003) show,

There is still little quantitative evidence in support of a strong fertility-depressing effect of a strengthening of women's position in relation to that

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<sup>9</sup> At the time of my thesis defense, the 2005-2006 National Family Health Survey (NFHS-3) national level summary information and statistics were not yet available.

of men, and its importance as a mediating factor between education and fertility has not been convincingly established (e.g. Basu, 1996). (285)

In fact, studies by Monica DasGupta and P. N. Mari Bhat (1995; 1997) highlight the negative relationship between fertility and gender bias in India. With a culture of strong son preference, declining fertility is intensifying gender bias within Indian families. An exposé in the *Times of India* by Neelam Raaj (2005) shows that a poor sex ratio in the Punjab's Malwa region has made women scarce and wife buying and polyandry common and increasingly acceptable. In her study of northern Indian regional contraceptive and fertility trends, Arokiasamy (2002) concludes that "the actual sex composition of children (in particular where women have two or more sons) compared with developmental indicators has the largest influence towards increasing contraception and reducing fertility" (64). Furthermore, research by SAMA Resource Group for Women and Health has concluded that India's two-child norm is strengthening caste hierarchies (*Women's Groups Set Their Face Against Two-Child Norm*, 2005)

While the different studies discussed above may emphasize various determinants and outcomes of fertility trends, all point to issues beyond individual factors and consider "contextual influences" (Stephenson and Tsui, 2002). Social relations produce fertility norms, son preference culture (gender relations) and shape access to education and levels of autonomy for women. These relations all influence female fertility to varying degrees in different communities.

The studies I have discussed above problematize the common assumptions of existing approaches to SRH and reveal the development and neomalthusian biases inherent in dominant SRH discourses; biases that suggest ignorance leads to too many children and that women must therefore be educated and that fertility decline will improve women's status and autonomy in the household. Unequal gender relations are not being transformed when overpopulation and development discourses drive women's access to SRH services. Existing social relations are not factored into SRH policies and are often left unexamined. Furthermore, programs based on the premise of population reduction frame people or babies not as something communities and governments should work to accommodate, but something they must try and avoid. These are two very different approaches to development: the first targets structural inequalities and social and economic needs while the second targets women's reproductive bodies.

Sexual and reproductive health rights are typically espoused and justified as the path to improving the status of developing world women by giving them reproductive options. In reality, however, women's rights activist-scholars such as Betsy Hartman (1995; 2002) and Asoka Bandarage (1997) show that such a view reduces 'women's rights' to 'reproductive rights' and suggests that gender inequalities can be undone through the simple provision of contraceptives and advice.

Furthermore, the motivation of fertility reduction shapes the types of services available for women (and men) and therefore, their sexual and reproductive health or wellbeing. Instead of a holistic approach to people's wellbeing, narrow biomedical approaches to health are at the forefront of women's SRH. This line of thinking is especially true in India. Here, sexual and reproductive health, whether driven by large international organizations like the Population Council or by India's own National Population Policy (NPP, 2000) exists as a development initiative: a means for combating poverty, not a dialogue for discussing wellbeing.

## **1.5 Indian Policy: from Targets to Rights Rhetoric**

In India the focus is almost exclusively on family planning with the target of fertility reduction, at the exclusion of other reproductive health matters that may be central to a woman's life (Ram, 2001; Rao, 2004). Ravindran & Mishra (2001) demonstrate that women's reproductive intentions in India are not being met. They report that "[t]he range of services remains limited to the traditional MCH/FP [Maternal and Child Health/Family Planning] packages" (111) without attention to the scope of women sexual and reproductive health issues including reproductive tract and sexually transmitted infections (STIs) as well as psychological and sexuality related issues. Van Hollen (2003) examines the endless coercive and illegal practices of doctors and government-run hospitals all in the name of population control. Ram (2001) critiques India's National Population Policy (NPP) as failing to deliver what he calls "a cafeteria of contraceptives" (85) and instead focusing on sterilization, IUDs and hormonal injections and implants for fertility control. She reveals the nationalist drive to situate India as a 'modern' and 'developed' state with rationally planned families, no longer burdened by overpopulation. As a result of these state policies, Rao (2004) shows how India's entire primary health care system has been restructured for the sole purpose of meeting a national two-child norm.

There is a wealth of literature on how Indian policies on women's health have been shaped by dominant global discourses on reproductive rights, specifically, neo-colonial, neoliberal discourses on population and development which, as discussed above are largely based on neomalthusian assumptions that population growth limits economic growth (Hartmann, 1995; Petchesky, 1995; Karkal, 1996; Sen, 1999; Hartmann, 2002). Furthermore, Rao (2004) and Van Hollen (2003) illustrate how India's fertility reduction mandate continues to be linked to global population control regimes, especially where tied to development loans and/or aid (also see Donaldson, 2002). Instead of retracing these global linkages, I will explore state-citizen relationships by focusing on India's National Population Policy (NPP, 2000) and its impacts on women's reproductive rights and 'choices.'

In 1996, India moved from a target based approach to family planning, one that sought to reduce women's fertility rates, to a National Population Policy (NPP) (NPP, 2000) based on SRH and rights (Donaldson, 2002). This new policy includes improving the status of women in relation to men and is founded on the concept of reproductive choice and rights. In practice, however, choice over contraceptive technologies is limited; incentives and disincentives for fertility control still exist; coercive contraceptive methods which reduce couple control are promoted above others; and family planning is largely used a tool for the development of the state. Furthermore, as discussed above, a woman's status in India does not necessarily improve with fertility reduction. In fact, a women's status in most places in India depends entirely on her ability to produce children, especially sons (Ravindran and Panda, 2002; Pande, 2003; Van Hollen, 2003).

While some tribal groups places less emphasis on male heirs, according to Gupta and Dubey (2006) son preference holds true across income classes in India. Clark (2000) similarly concludes that strong son preference cuts across class categories, noting that it is common across northern India for both Hindus and Muslims, but is weaker in South India. As discussed in the previous section, studies show a positive correlation between women's education and girl-child discrimination resulting in higher proportions of sons in higher income groups (DasGupta and Bhat, 1995; 1997). India's NPP (NPP, 2000) does not examine the gendered nature of social relations in India which play an integral part in women's SRH.

The latest NPP (NPP, 2000) in India makes six key points in its introduction. The first point states, "[t]he overriding objective of economic and social development is to



improve the quality of lives that people lead, to enhance their well-being, and to provide them with opportunities and choices to become productive assets in society”(NPP, 2000: para 1). This holistic rights rhetoric is contradicted in the fifth key point which states that “[s]tabilizing population is an essential requirement for promoting sustainable development with more equitable distribution” (NPP, 2000: para 5). Points 2-4 provide national demographic figures and point number six states,

The National Population Policy 2000 affirms the commitment of government towards voluntary and informed choice and consent of citizens while availing of reproductive health care services, and continuation of the target free approach in administering family planning services. (NPP, 2000: para 6)

It is this last point which concerns me and was the impetus for my interest in exploring SRH in India in the first place. An overwhelming amount of evidence clearly illustrates that voluntary and informed choice are actively limited and that many states maintain population targets.

India has a long history of coercive and invasive population control planning. Starting in 1952, India was the first country in the world to implement a comprehensive population reduction program. The extreme measures carried out during the Indian Emergency<sup>10</sup>, 1975-77, under Prime Minister Indira Gandhi are most commonly known. A national policy of fertility reduction combined with a suspension of civil liberties led to widespread forced and coerced sterilizations. In a 1976 speech to the Association of Physicians in India, Indira Gandhi stated

We must now act decisively, and bring down the birth rate. We should not hesitate to take steps which might be described as drastic. Some personal rights have to be held in abeyance for the human rights of the nation: The right to live, the right to progress. (as cited in Rao, 2004: 47)

By the end of 1977, corruption and human rights violations had resulted in the compulsory sterilization of millions of couples, including the sterilization of 7 million men, many of whom were forced (Rao, 2004: 49).<sup>11</sup> While these widespread atrocities dissipated after the ousting of Indira Gandhi and her Congress Party, the presence of coercion through various incentives and disincentives as well as what Pande (2003) calls the “fear psychosis about the population bomb” (86) have remained. Furthermore,

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<sup>10</sup> The Emergency refers to a period in the 1970s when India declared martial law due to alleged internal and external threats.

<sup>11</sup> The documentary *Something like a War* (Dhanraj, 1991) puts the number of vasectomies at 6.5 million.

the nationalistic rhetoric, uttered by Indira Gandhi and her contemporaries, is alive and well if not growing. I will discuss issues of population and nationalism more thoroughly in Chapter 3.

Former World Bank project director and head of the joint UN-Government of India Institute for population sciences, demographer Dr. K. Srinivasan, publicly lamented the termination of widespread forced sterilizations during the Emergency. He is quoted by Karkal (1996) saying “[f]rom a retrospective analysis, it seems that India made a sacrifice in terms of delayed demographic transition, and possibly socio-economic development, to safeguard her people’s democratic rights” (para. 5). Karkal also quotes famous Indian demographer Dr. Ashis Bose as stating “the main reason for the success of the Indonesian model is the excellent military style logistic in running the programme. In India we have an overdose of democracy” (1996, para. 6). As founder of the Indian Association for the Study of Population, in the Institute for Economic Growth, Dr. Bose suggested the Government of India employ the army to instigate family planning programs. While India has stopped short of this extreme, coercion, dis/incentives and a lack of sexual and reproductive health options illustrate that the holistic mandates of the 2000 National Population Policy (NPP, 2000) are largely rhetorical.

A study published by Ranjani Bhatia (2005) outlines the presence of coercive and abusive population control measures and complements studies by SAMA Resource Group for Women and Health which is based in New Delhi, India (Women’s Groups Set Their Face Against Two-Child Norm, 2005). Both Bhatia and SAMA have documented the ways in which incentives and disincentives are being used throughout India to encourage women to be sterilized.<sup>12</sup> Since 1992, eight states have enacted electoral laws that bar anyone with more than two children from “holding office in local government bodies or village councils known as *panchayats*” (Bhatia, 2005: 2). Bhatia also points to the 2003 Supreme Court of India endorsement of the two-child norm. In this case the Supreme Court ruled that the state of Haryana, where Daultabad Village is located, could legally enforce the two-child electoral disincentive program explained above.

Similarly, access to subsidized housing, food, and government jobs have been used to encourage sterilization after ‘just two.’ Some states entice groups and

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<sup>12</sup> One legacy of Indira’s Emergency is that male sterilizations (vasectomies) account for just 1.9 per cent of contraceptive use among currently married women whereas female sterilization accounts for 34.2 per cent (PRB, 2002).

communities with special development grants if they demonstrate “collective family planning performance” (Bhatia, 2005: 2). The states of Maharashtra, Madhya Pradesh and Andhra Pradesh still set family planning targets and reward service providers who meet them despite specific national policy that proclaims a “target-free approach” (NPP, 2000). In my own research, three women from Daultabad, Haryana, explained that they had received cash for their sterilization procedures (Gayatri, Interview 102, August 17; Sita, Interview 103, August 18; Sita, Interview 105, August 24; Purvaja, Interview 123, September 5).

An initiative in Uttar Pradesh has implemented a guns-for-sterilization program. Anyone can get a single-barrel shot gun if they bring two people in for sterilization or a revolver license if they bring in five (Bhatia, 2005). Health Watch, a group of women's advocacy organizations linked to monitor India's adoption and implementation of the 1994 International Conference on Population and Development (ICPD), noted that in “Andhra Pradesh, the Chief Minister, Mr. Chandrababu Naidu, asked the private sector to participate in family planning efforts by contributing incentives, like gold chains, to entice couples to accept family planning methods or sterilization after two children” (as cited by Sharma, February 27, 2000).

Other gross violations of reproductive and sexual rights as coded in the National Population Policy (2000) include the widespread practice of inserting IUDs and/or performing sterilization procedures on women without consent after they have given birth or have legally received an abortion (Dhanraj, 1991). Similarly, Van Hollen (2003) shows that in most government hospitals in Tamil Nadu, doctors “would only perform an abortion if the woman accepts one of two family-planning methods: either an IUD after one child or sterilization after two or more” (154). It is not uncommon for women to have IUDs inserted without their knowledge (Dhanraj, 1991; Van Hollen, 2003).

Sterilization followed by IUDs are the leading technologies promoted as they are considered long-term and more effective than user-controlled methods such as oral pills, condoms, diaphragms or cycle methods. The production of limited reproductive ‘choices’ for women (and men) will be discussed in more detail in Chapter 3. The information above provides a backdrop to the following chapters which analyze the ways in which India's family planning policies (re)construct gender norms, the ideal ‘woman’ and people's understandings of bodies, especially the sexual and reproductive body.

## 1.6 Summary and Thesis Outline

In line with global human rights perspectives, dominant discourses on reproductive rights encoded in UN human rights policies and ratified by the Government of India suggest that Indian women should be 'free' to make choices concerning their bodies. A closer look, however, reveals that terms such as 'choice' and 'body' have contested meanings and do not necessarily reflect the everyday sexual and reproductive actions and intentions of a group of women in Daultabad Village, India. The state limits the choices available to women, both materially, in terms of foregrounding certain reproductive health services and/or options, but also discursively, in terms of (re)casting female citizens in reproductive roles and (re)constructing the bodies of poor women as irrational. The provision of certain reproductive choices is not significantly challenging gender inequities in India. In seeking out their own SRH, women have developed their own bodily strategies, moving, gesturing and using their sexual and reproductive bodies to achieve their own fertility intentions.

For the women interviewed for this research, the body is not only the place where reproductive choices are made, but where reproductive rights (and wrongs) are mapped out and materialized. In presenting the various ways women both use and move their bodies, I argue that bodies become tools to negotiate SRH or intentions. In India, women's bodies are scripted by national reproductive policies and nationalist development discourses.

While the state seeks to use these reproductive bodies as symbolic agents in the development of a 'new' and modern India, women themselves use their bodies in ways that subvert state discourses. Furthermore, the place of the village is a key determinant of how bodies are used or how people perform. The village delineates specific gender norms for the women who live there, which differ from those norms and regulations prescribed to women outside the village.

While patriarchal relations between women and husbands, and within village and state reflect unequal power relations that subordinate women as wives and mothers, women continuously subvert these regulating discourses. While the Indian (and

increasingly Hindu nationalist)<sup>13</sup> state limits the reproductive choices available, in my research, women destabilize the system by seeking out alternative options and spaces/places. The ways in which they use and move their bodies reflects intentional performances not accounted for in India's reproductive health policy and in global reproductive health discourses that situate them as 'irrational' or 'needy.'

By examining scale, place and space, it is possible to see how the 'third world woman' is cast as a body in need of education, self-control, contraception and development intervention. Contradictory discourses of individual freedom, liberal rights, on the one hand, and collective/national, modern development, on the other, combine at the scale of the body to imagine citizens that must logically choose to 'just have two.' Women are scripted as national citizens in terms of development (and even global citizens in terms of sustainability) that require rationalization. For reproductive health, it is assumed that women must make objective, educated decisions concerning their bodies, often with some sort of medical intervention.

Dominant reproductive rights discourses at global or international scales tend to cast the 'poor' Indian woman as requiring empowerment and rely on human rights approaches where she has the *right* to control her body (and needs the 'appropriate' education in order to do so). Policy and indeed growing nationalist rhetoric also cast her as needy and helpless, reproducing the image of a 'typical' Indian woman as someone without power. Amrita Basu (1993) describes the ideal Hindu nationalist woman as "self-sacrificing, long-suffering, nonviolent victims" (25). Similarly, Paola Bacchetta (2002) says that the Rashtriya Swayamsevak Sangh (RSS), the largest of Hindu nationalist organizations, "reduces Hindu women to selfless mothers of RSS sons" (47).<sup>14</sup>

While current national population policy reflects global reproductive rights discourses where women are 'free' to make choices, state treatise on (over)population suggest that women are 'out of control' and unable to limit their fertility, and as such

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<sup>13</sup> A basic distinction can be made between Indian nationalism which strives for secular unity against a colonial and post-colonial 'west' and Hindu nationalism which Paola Bacchetta (2002) describes as "a religious genocidal fraternarchal micronationalism of elites, in which exclusively (certain) Hindus belong in the citizen-body" (46). This latter form strives for unity against both secularist Indians and a Muslim 'other.'

<sup>14</sup> In examining Hindu nationalism in India, Paola Bacchetta (2002) shows how right wing Hindu nationalist women construct alternative images of 'Ideal Women', not simply as "loyal wives, supportive sisters, but also powerful mothers, rulers, warriors...and saints" (50). Interestingly, she shows how a women's chapter of a Hindu nationalist organization casts women not as victims of men but as with the agency to protect themselves without the help of men. While these imaginings and their outcomes present a counter-discourse on gendered nationalism, Bacchetta concludes that they are unable to subvert gender inequality within the organization and serve only to "temporarily disrupt the ongoing flow of [male] dominance" (55)

require state intervention via long-term, effective methods of birth control (sterilization, IUD, implants and injections). The assumption made is that state policy and medical interventions are needed to control these out-of-control bodies or that their poor/illiterate/uneducated minds cannot control their bodies (mind/body dichotomy).<sup>15</sup>

In my analysis, I will not attempt to measure the different impacts of the state versus the village, but aim to highlight that both scales produce specific options for women to negotiate. These different options shape women's bodies, their social and political locations and their imagined and/or expected purposes and often intersect in both complementary and contradictory ways. I will problematize and move beyond the either/or scripting of the female Indian woman as educated/uneducated, empowered/disempowered, autonomous/dependent and/or conforming/resisting.

This first chapter has introduced my thesis goals, some theoretical positioning concerning development and population philosophies and an outline of SRH discourses and India's National Population Policy. In the next chapter, I examine my research methods and the feminist and critical geography theories that shaped my methodology. I also engage in a reflexive exercise to explore multiple and changing positionalities during the research process.

Following the lead of feminist geographers, my third chapter will examine the construction of women's bodies. I first examine theories of the body as space, mind/body dichotomies and the gendered, reproductive bodies of women. I then explore the gendering of the Indian state and rising nationalism and how these processes are in part materialized through national population policies directed at women.

In Chapter 4, I introduce the scale of the village as central to women's everyday negotiations. Following Marston (2000), I suggest that this space has been absent from political geography and foreground it as a scale of inquiry. For the women in Daultabad, the village is key in determining gender norms and hence, the negotiation of SRH. Here, I examine the topic at the core of this thesis, namely how bodies become tools as women seek out their sexual and reproductive desires in Daultabad Village.

While the third chapter explores the ways in which women's bodies are produced by discourses of gender, sexuality, medicalization and nationalism, the fourth

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<sup>15</sup> Similarly, global reproductive rights and population agencies create a climate of 'first' and 'third world' difference in which invasive, long-term methods are seen as necessary to help brown women from the torment of brown men (Spivak, 1999).

chapter demonstrates the many ways in which women use their bodies to subvert state and village norms and expectations by examining the performative nature of sexual and reproductive health. While dominant state and village systems produce women's SRH, women's negotiations destabilize these dominant norms, changing them in small but significant ways.

My final chapter concludes this thesis by summarizing and synthesizing my arguments on using bodies with respect to the sexual and reproductive wellbeing of 29 women in Daultabad Village, India. This final section also highlights implications for feminist contributions to political geography and to both global and state SRH care theories and policies. In conclusion, I aim to undo either/or binaries of healthy/diseased and body/mind and recast these 'poor, Indian women' and other 'Third World Women' by demonstrating the influence they exert through their subversive sexual and reproductive practices. While the state regulates women's bodies and choices, these women not only shape their own lives through everyday geographies of defiance and will, they in turn produce new sexual and reproductive practices or 'regulatory fictions.'

## **Chapter 2: Methodological Anxieties and Reflective Practice**

My thesis research uses qualitative methodologies shaped by feminist and critical approaches to human geography. I have conducted interviews with women in India, and reviewed a range of documents from academic, media, government and non-governmental sources. In this chapter I begin with a brief description of my research site and then move to justifying my use of in-depth, semi-structured interviews in gathering documentation for this thesis. I then explore constructs of 'Third World Women.' In the forth section of this chapter, I discuss feminist debates on locating positionality. And, in the final section, I engage in a reflexive exercise to situate the multiple and changing positionings of everyone involved in this study. This exercise is not only useful for examining biases found in all research, but in exploring the constant negotiation of power between individuals.

### **2.1 The Village of Daultabad**

Daultabad Village is a semi-agricultural village on the margins of one of India's fastest growing districts, Gurgaon. It is literally on the other side of the tracks, well beyond the recently constructed condominium complexes, office compounds and mega malls that have mushroomed along the new highway and even newer, toll express overpass, that connects New Delhi to the glitzy Gurgaon canton. Journalist Siddhartha Deb describes this new city of riches as "a concerted effort by affluent Indians to dissociate themselves from the squalor, diversity and frustratingly unmodern nature of their country" (November 26, 2006: para 3).

While the women I spoke with rarely ventured into Gurgaon's plush neighbourhood and many new shopping malls, they all spoke of the new urban space in terms of difference from their own village. The proximity to this fast changing place may have played a part in women's imagined geographies of 'inside-the-village' versus 'out-



side-the-village,' an issue I will discuss in more detail below. Women spent their days taking care of household, fields and livestock, rarely leaving the village, but were not unaware of the rapid change occurring around them. Many had passed through the streets of Gurgaon on the way to relatives, hospitals and other destinations, most. Furthermore, their husbands, brothers, fathers and so on, typically ventured into Gurgaon daily in search for work. Many were construction labourers or drivers who worked for daily wages. In fact, these men worked on constructing the 'modern' highways, apartment blocks, gated houses and office parks that represent India's 'shining' economy.

Daultabad's narrow, dirt roads stood in stark contrast to the streets of Gurgaon. The village lacked any formal plumbing. While some households had dug open drainage ditches outside their homes and along their streets to carry waste water away, others simply dumped water and garbage into the streets. During the monsoon heavy rains turned the lanes into mud baths and caused drains to overflow, spreading sewage, waste water and garbage across the village and into the homes of those without dykes. Family houses and compounds ranged from unfinished brick and corrugated roofing to solid concrete structures with polished stone floors and plastered walls. Each room had electricity for a single light bulb which was subsidized by the government. Those with more wealth had cell phones, fans, televisions, small fridges and other electrical devices. While people had access to power, all labour was manual from cutting fodder and threshing wheat to collecting wood and washing clothing. As such, both women and men had long and busy days.

Women left their houses to collect water from the well (for drinking and cooking) and one of several water pumps (for washing and cleaning). They also visited each other's homes regularly, congregated on each other's front steps and shared in childcare duties. Those with fields and animals left their homes early in the morning to collect fodder which need to be shredded for oxen, cows and goats. Those with vegetables tended to them seasonally. Some women generated and sold compost from vegetable waste, but most women relied on their husbands for income. The exception to this rule was Padma, who had temporarily worked in a gender segregated factory labelling metal ware and Madhu who tutored high school students.

## 2.2 Interviewing Methodology

In order to explore the ways in which women navigate existing reproductive health regimes in India, I conducted interviews with women in Daultabad Village, just southwest of the capital, New Delhi. As discussed in the previous chapter, the lack of existing social geographic information on sexual and reproductive health (SRH) in India, and my desire to avoid generalizations across existing regional work, required on-the-ground interviews with these women. I spent three months visiting the Daultabad Village and exploring the individual spatial strategies employed by different women.

In Daultabad I conducted one focus group with 15 women and interviewed 29 women, some of them two or three times for a total of 52 interviews. I also interviewed one man, the husband of Padma, another interviewee, as he came home while I was visiting and wanted to ask me about my research (Interview 145, September 15). While gender relations shape women's health, interviewing more men was not only beyond the scope of this paper, but logistically difficult. Firstly, it would have been inappropriate in such a highly gendered place for an unmarried female stranger to ask a married man about his sexual and reproductive life and desires. In fact, the women I spoke with were often uncomfortable talking to me, a woman, an issue I will explore further below. Secondly, I conducted all interviews in the early afternoon when the Daultabad men were often out working or looking for work. The women, most of whom expressed eagerness to speak with me, asked that I come around one o'clock in the afternoon because this was typically their 'free' time when they could rest between substantial chores and when small children and elder in-laws were napping and husbands were away.

The drive from New Delhi, where I was living, to the village of Daultabad, took anywhere from an hour and a half to two hours depending on traffic. On the way, I would pick up and drop off the translator I hired to work with me, Rita. Rita, a retired English high school teacher, was an excellent translator considering she had never before performed the task. Following other feminist geographers, I have chosen to insert women's unedited voices into texts and, where necessary, and have been sensitive to the dilemmas of translating (Devault 1990; Valentine 1997). I had ample time during our long commutes to discuss my research needs and expectations and issues concerning translation with Rita.

Having a translator enabled me to take thorough notes during and between Rita's translations and later discuss and clarify key words such as 'healthy' versus 'absence of disease,' during our long car rides.<sup>1</sup> As women had been exposed to some sexual and reproductive health programs from non-governmental and governmental sources, many English words were used including D & C (dilatation and curettage), Copper-T (a type of intrauterine device (IUD)), operation (a reference to sterilization), and condom or rubber. Women spoke a local dialect of Haryanvi mixed to varying degrees with Hindi and while I have conversational Hindi skills and often understood what much of the younger, Hindi-schooled women were saying, being able to discuss words and meanings with Rita was invaluable. Beyond these attempts at capturing people's nuanced responses, however, I must concede that to some extent, local ways of seeing and talking about sexual and reproductive health and wellbeing, may have been lost in translation and interpretation.

In her work on development and traditional medical practitioners in Nepal, Stacy Pigg (1995) examines the "problem of translating between radically different systems for understanding the body, person, affliction and healing power" (57). This problematic is evident when I use the word 'fast' or 'fasting.' While for some this practice might involve limiting or stopping food intake and radical bodily control, for the women I spoke with, fasting was a regular spiritual act that was often spoken of as purifying the soul or spirit. Indeed fasting was often done in connection to a ceremony or god/dess and in conjunction with prayer for spiritual and physical health, strength, fertility and/or good luck. Instead of taking away (of food), it was a process of giving (of spiritual wealth).

While complete recordings and transcriptions may have captured a few more comments and stories, I endeavoured to write down all comments as directly translated by Rita, save those conversational bytes made before and after interviews.<sup>2</sup> In the end, the presence of static-ridden TVs, radios, chattering infants and large boisterous fans expelled any thoughts of mechanically recording interviews. Furthermore, I felt that a digital voice recorder would be distracting and/or even intimidating. In fact, the appearance of my digital camera early on disrupted any attempts at talking about

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<sup>1</sup> I thank Janet Sturgeon of the Geography Department at Simon Fraser University for her advice in this regard as it saved me unknown hours of transcribing.

<sup>2</sup> I feel that it should be noted here while I had arranged to pay Rita Rs. 600 a day, approximately \$20 CAD, she was not in need of funds but truly excited in the work and refused payment in the last few weeks. She had quit teaching 4 years previously and was admittedly bored, especially as her husband travelled extensively and her two children were grown and married with children. She kept her work as a translator secret from her husband who was spending three months on a reconstruction project in Afghanistan on contract with the United Nations. An interview day typically lasted 6-8 hours, including travel time.

pregnancy, birth and contraception. Instead, women and children scattered to put on their best outfits, jewellery and make-up in order to pose. On my last two days of visiting the village, I gave each of the women who spoke with me prints of the photos I had taken of them and their children. This amounted to about four or five 4x6 prints per person at a total cost of approximately \$30 CAD. Most of the women had only ever seen one or two photos of themselves. Some had never seen their own picture and were overjoyed to have pictures of their young children, especially daughters who would one day leave them. I wish I could share and discuss the many photos I took in this thesis paper, but I need to protect the confidentiality of the informants which I promised each interviewee.

Verbal consent was given by those who could not sign their names and in the text I have changed all names to respect anonymity, using the first names of Hindu goddesses instead. All women I spoke with were Hindu, except for Miskeenah and her daughter, Mumatz, who were Muslim. For these two, I have provided Muslim aliases. The entire village was predominantly Hindu. In fact, when I asked if there were any other religions in the village, Miskeenah was unsure and debated whether one woman's mother had been Sikh or Hindu (Interview 129, September 7). Her daughter Mumatz began listing off different castes instead (Interview 130, September 7). These two Muslim women were welcome in all the other houses I visited. Mumatz attended a nearby high school and a Life Strategies class with other girls from the village. Despite the rise of Hindu fundamentalism in India over the past 15 years and the long history of post-partition conflicts publicized in films, media stories and books,<sup>3</sup> I found no differential treatment or tensions based on religion. Likewise, women did not challenge my own beliefs and were instead eager to tell me about their own religion, festivals and ceremonies. The women I spoke with, both Hindu and Muslim, and all of varying class and castes were welcome in each other's homes.

All interviews occurred inside the women's houses, many of which were only a single room. Each extended family typically had one room per nuclear family set next to a walled, shared courtyard. We typically sat on a woven straw mat on a floor inside, out

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<sup>3</sup> While violence in the name of religion has and does occur in India, media representations may falsely cast the whole of India as on the brink of a holy war. Films like *Earth* (Mehta, 1998), *Gandhi* (Attenborough, 1982) and *My Mother India* (Uberoi, 2001) all highlight periods of religious conflict in India. The many media stories depicting the destruction of the Babri Mosque in Ayodhya and the later communal riots in Gujarat foregrounded Muslim-Hindu violence in various international news sources. Paul Brass's *The Production of Hindu-Muslim Violence in Contemporary India* (2003) suggests various causes for religious conflicts in India.

of the hot sun, if there was space available or we sat on the bed. A few houses had chairs for sitting.

While I had initially hoped to schedule interviews ahead of time with different people, the everyday activities and fluctuating demands of women's lives meant that I had to just show up in the village, knock on doors and see who was available. I often started at Parvati's house where I had initially conducted a focus group with 15 women. The focus group was arranged by Monisha Vaid, Program Co-ordinator, from the Sant Nischal Singhji Foundation (SNSF), the charity wing of Anand Automotive Systems, a large automotive parts manufacturing industry.

I was put in touch with the SNSF by one of my mother's former volunteer colleagues<sup>4</sup> and found their work with women's self-help groups fascinating. We arranged terms of reference whereby they would introduce me to a village and help conduct a focus group and I would provide in kind services by rewriting a substantial funding proposal to the World Bank. The proposal had been laid out in complicated, wordy and technical terms and my job was to reorganize and present it in more accessible terms. I was not thrilled at the idea of having any connection with a large and historically misled organization, but was impressed by both the SNSF work with enabling self help groups across India and the Anand company's own spiritual-inspired devotion to corporate social responsibility where the livelihoods of their tens of thousands of employees were being foregrounded by health, education and community-based arts and theatre programs.

While Monisha Vaid from SNSF organized a focus group and translated for me that day, any involvement by the SNSF in my research thereafter ended. After finding a willing translator, I simply began showing up at the village regularly hoping for someone to talk with. The women cited in this thesis all graciously invited me into their homes.

Starting at Parvati's house, I would ask if any one had time to speak to me, and usually Parvati's niece Rani would run to all the neighbour's houses to ask if anyone was free to talk. From there, my participants snowballed. Parvati is coordinator of small women's self-help group formed with the support of a partnership between the SNS

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<sup>4</sup> Both worked as volunteers in the Delhi Commonwealth Women's Association (1991-1994).

Foundation (SNSF) and the Asia Development Bank to produce vermiculture compost.<sup>5</sup> As such, her house was already a focal point for women in the village, especially because it was much larger than most and could accommodate large meetings and because it had a cooler<sup>6</sup>, fan and television which neighbours came by to enjoy. As I met more and more women over the first two weeks, they began inviting me to their homes to have *chai* (black tea with milk and sugar) and interviews would occur there.

These sessions lasted anywhere from 15 minutes to four hours. Sometimes interviews were interrupted by husbands returning early from work or elder in-laws demanding tea and/or food. Interviews were often stopped temporarily by various children and by other women. This impacted the confidentiality of what were supposed to be private discussions and most likely affected women's responses. Ahimsa, who appeared to me to be the shiest woman on earth, admitted that she was embarrassed to talk about her pregnancies and miscarriages in front of her elder and neighbour Parvati when she entered the room. "I am shy talking of these things because [Parvati] is here...she is my elder... I feel shy when telling others of this... you feel shy when you say these things" (Interview 121, September 5). Prefaces of shyness, however, were typically followed with candid statements about illegal abortions (Annapurna, Interview 104, August 18; Interview 128, September 7; Padma, Interview 144, September 15), miscarriages (Ahimsa, Interview 121, September 5; Devi, Interview 146, September 15), pregnancy (Padma, Interview 101, August 17) and difficult births (Sarasvati, Interview 113, August 26; Ahimsa, Interview 121, September 5).

As most interviews were conducted at Parvati's house, it was difficult for me to ask her to leave. She graciously and excitedly welcomed Rita and me into her home each and every time we were in the village. I felt like I was betraying her great hospitality when I began branching out to visit other people's houses. Of all the people to be present, however, Parvati was the perfect person. She was very quiet and respectful and would get up and leave when she sensed she might be intruding. As well, as an elder to the other women I interviewed, she was well-respected and demonstrated that she was already aware of everyone's reproductive health issues.

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<sup>5</sup> Vermiculture composting is the use of worms to breakdown plant waste into useable soils. Those with family land for growing animal fodder and vegetables who used to burn their plant waste were now using vermiculture composting to generate compost soil for sale, adding to the household income.

<sup>6</sup> An air cooler is a common electrical machine that blows air through a wet filter screen, misting and cooling the air. This is a more affordable form of airconditioning.

For instance, while I was interviewing Gayatri (Interview 102, August 17), she readily admitted to having an abortion behind her husband's back even though Parvati had entered the room. Parvati, Gayatri's elder sister-in-law, knew this already and had kept the secret from her brother. In fact, almost everyone I interviewed was either related to or close neighbours of Parvati. Only, Kali the widow and her daughter-in-law, Madhu, lived on the other side of the village. All the other women's houses were within 5 minutes walk of Parvati's home. Each housing compound was about eight hundred square feet and typically housed 3-4 women and these women demonstrated that they knew each other intimately, even if they did not always talk directly to each other about their sexual and reproductive desires. The variety of responses garnered from my meetings with the people in this close knit community speaks to the diversity of individual emotions, stories, perceptions and strategies.

Unlike Parvati, her youngest daughter, Neeto, and her niece, Rani, were an unwelcome intrusion on interviews, and I had to ask them to leave the room when we were talking about pregnancy, birth control, abortion and other sexual topics. Here the benefit of having a respected, Indian translator helped. All I had to do was ask Rita to ask them to leave. Both Neeto and Rani are unmarried and in their late teens and therefore not considered an appropriate audience for topics related to sexual and reproductive health. Although I was unmarried, it was okay for me to talk about sex because I was from 'outside the village.'

While there was confusion among women (and men) as to where exactly I was from—some actually thought I was Indian (Annapurna, Interview 128, September 7), others believed I was from "the government" (Miskeenah, Interview 131, September 12) or from the United States of America (Sandeep, Interview 145, September 15) or simply "from the city" (Rani, Interview 110, August 26)—all knew very well that I was from outside the village and that outside the village a different culture existed which allowed for different behaviours. This key perception of difference will be explored in more detail below in my reflexive practice section.

The presence of so many friends, neighbours and female relatives coming and going distressed me, but as Raghuram, Madge, Skelton, (1998) point out "geographical research does not happen in a vacuum" (39). In time, I realized that the traffic was unavoidable. In this village, as in many Indian communities and households, it would not be appropriate to close the door or to ask to be alone. Not only was it too stifling at an

average of 40-45 degrees Celsius during July and August, but local conceptions of privacy are different than they are in most of Canada where 'personal space' is a conscious and practiced custom. In India, closed doors make people nervous and could suggest that those inside are doing something unacceptable; having the door or courtyard gate open allowed neighbours to walk by and to see us sitting together talking. That being said, over half of the interviews conducted were entirely confidential: uninterrupted by other people, save the infants of the household.

Interviews were not rigidly structured in any way (interview questions are listed in Appendix A). Semi-structured interviews have been commonly used by feminist geographers (Rose, 1997; Valentine, 1997; 1998). Schoenberger (1991: 305-6), suggests that semi-structured and unstructured interviews can "capture the subtle complexities underlying particular decision-making processes which are frequently missed by large scale, standardized analyses" (as cited in Herod, 1993), such as questionnaires or surveys. Open-ended interviewing techniques are considered more effective at capturing the voices of interviewees because they do not present a pre-scribed set of dominant categories to impose on women or other marginalized groups (Herod, 1993; Valentine, 1997). This is especially important as I wished to examine broader issues concerning wellbeing and not simply standardized categories of reproductive health categories as presented in India's National Population Policy (NPP, 2000).

I made few attempts at being formal and objective or detached from the range of emotions that occurred during story telling. Indeed, this was not possible when women were discussing miscarriages, difficult births, cervical cancer and the deaths of babies and husbands. While I had a set of questions to ask women, and did direct conversations back to key issues around sexual and reproductive intentions, an open structure enabled women to talk relatively freely. Feminist scholars see these methods as encouraging participants to raise unanticipated information and challenge the assumptions of the researcher during all interviews, structured and non (Valentine, 1997; Dunn, 2001). For example, key negotiations of power such as leaving the room or house were highlighted by women without any effort on my part. Instead of having the researcher direct the entire interview, the women I spoke with shaped much of our discussions, and indeed decided whether or not they would answer my questions, when the interview would start and end, whether or not they would speak with me at all.



In examining the large field of sexual and reproductive health, I limited my questions to the 'events' of pregnancy, childbirth, miscarriage and induced abortion, as well as the use of contraception. To explore individual conceptions of wellbeing I asked questions about perceptions of strength, disease, happiness and health (of women and their families). While women did not always answer my questions, and in many cases were embarrassed to talk about personal issues, having an informal interview schedule enabled them to respond in flexible ways or not at all.

In conducting in-depth, open-ended interviews and exploring individual conceptions of wellbeing, my intention has not been to imply that demographic statistical work is irrelevant or useless. I agree with Underhill-Sem (2001) and Kielmann and Bentley (2003) who acknowledge the importance of statistical analysis in foregrounding issues of concern, such as maternal morbidity or infant mortality, and recognize the very real impact that demographic analysis has on people's understandings of bodies. In this research however, my focus is on individual, spatial negotiations of sexual and reproductive wellbeing, especially subtle uses of the body, which are more qualitative dimensions of social life. Qualitative methodologies have enabled me to examine these negotiations and explore women's varying perceptions of health, wellbeing, and sexuality.

### **2.3 Interviewing 'Indian Women'**

My focus on interviewing poor women has been shaped by feminist approaches that seek to destabilize power hierarchies and give voice to marginalized groups (Madge, Raghuram, Skelton, Willis and Williams, 1997; Raghuram *et al.*, 1998). Feminist geographers have sought to disrupt gendered relations and transform social inequalities that are based on race, class, ability, sexuality and other representations of difference where and when they related to gender inequalities. This approach reflects a drive for emancipation "with' rather than 'for'" marginalized groups (as cited in Raghuram *et al.*, 1998: 38). Critical feminist geographers move beyond recognizing and analyzing difference, to subverting and changing unequal power relations (Cotterill, 1992; Kobayashi, 1994; Mullings, 1997; Hyndman, 2001). Along these lines, I wish to highlight the dynamic performances (Goffman, 1959) of women in Daultabad but at the same time not conceal the many ways in which women are oppressed. I will also problematize the notion of top down control by states and village patriarchy by

presenting power as fluid and negotiable. This approach seeks to undo binary thinking of women as either empowered or disempowered. In order to do this, I will review methodologies that eschew the re-colonization of 'Indian women' in a postcolonial era of development.

In speaking about this group of women from Daultabad Village I do not intend a re-categorize 'women' or 'poor, Indian women' in contrast to myself, the 'western, educated, rich and free' researcher. As Wood (2001) points out,

Postmodern and postcolonial feminist theories applied to development have opposed universalizing and essentializing notions of a homogeneous 'third world woman' assumed to need saving by first world experts. (429)

From this perspective, "alternative constructions of development" (Wood, 2001: 429) rely on a recognition of the various 'experiences' of 'third world women' by, as Chowdhry suggests, listening "to the previously silenced voices" (1995: 39). Wood agrees that researchers must try and avoid essentialist and universalistic imaginings of women in the Global South, but also argues that feminists still fall into the trap of 'asking the subaltern to speak' (Spivak, 1994) and use local testimony to authenticate their own knowledge production. She argues that in turning aside colonized notions of the "average third world woman" (Mohanty, 1991:56) as "ignorant, poor, uneducated, traditional, passive and sexually oppressed" (Wood, 2001:430), development critics in fact suggest the complete opposite. Now, in 'giving voice to women' the researcher imagines and indeed expects a rational and active woman—what Wood (2001) refers to as "the no less essentialist category of third-world-woman-as authentic-heroine" (433). As discussed in the previous chapter, this re-imagining of women plays directly into development discourses and indeed, as Wood (2001) suggests, 'authorizes' development.

My goal is not to 'save' any one person or group, or to justify my research with my great abilities as a 'liberated' woman to recast 'her,' the marginalized, as now powerful. As, Wood concludes her article, researchers must not avoid speaking with "poor women of the south," but should be aware of methodological and epistemological concerns and "understand the many limitations of this speech" (Wood, 2001: 442). These issues need deeper examination with respect to my own research with a group of

women in India. With this in mind, I explore reflexive practices put forth by some feminist scholars.

## **2.4 Understanding Reflexive Methodology**

In discussing reflexive practices, I refer to the process of situating knowledges (Rose, 1997). Feminist geographers have engaged in reflexivity in attempts to minimize power differentials within the research process in the hopes of eliciting 'valid' knowledge (see Rose, 1997, for an in-depth review of feminist reflexive practice). How do we as researchers and academics understand our own biases in the production of knowledge? Reflexivity is proposed as a method or process of uncovering the ways in which social identities and values affect the research processes and outcomes. Originally, reflexivity was presented as a means of overcoming differences between the researcher and researched, thus ensuring that difference within the research course did not 'contaminate' research outcomes and, in turn, the validity of the data presented. My gender, race, language, Canadian citizenship, class, education, person stories, ontological beliefs and so on, impact interview dynamics and shape both my interviews and subsequent data interpretation. There is, however, no way for me to be certain about how my position affects the research process. Or, similarly, how the assumptions participants make about me have affected the research process. In examining positionality, I follow Rose (1997) and England (1994), in recognizing that power relations between the researcher and researched exist and are constantly being renegotiated.

Rose (1997) highlights the limits of "transparent reflexivity" (305), arguing that the drive for situating knowledge and positioning individuals has been largely a masculinist project in nature, seeking exhaustive knowledge and overlooking the possibility of other ways of knowing. She points to the lessons that feminist and other geographers can learn from uncertainty, suggesting that "differences, tensions and conflicts are explored, not as problems, but as spaces of conceptual and indeed political opportunities and negotiations" (as cited in Smith, 1996: 165).

To acknowledge uncertainty, feminist geographers like Delph-Jeniurek (2001), Rose (1997) and Smith (1996) have remapped knowledge as precariously interconnected networks, not as certain, 'capturable' pieces. The goal of reflexivity in this case is not to overcome differences, but to acknowledge gaps in understanding and

to recognize the uncertain spaces that different knowledges potentially uncover (Rose, 1997). Stating that we as researchers can be certain of our impact on our research precludes opportunities for uncertainty and hence opportunities for new knowledges.

Instead, researchers can attempt to situate knowledge (to create non-generalized knowledge) not with the aim of positioning people and 'undoing' difference, but with the goal of finding the uncertainty that limited and different knowledges reveal. Taking the Foucauldian approach and accepting that knowledge is both powerful and productive, not dominating and uneven, uncertainty can be reframed as opportunity. This requires a rethinking of research validity—one that is not that distant from current feminist methodologies—as based on our knowledge, rather than on our absence of knowledge (Rose, 1997). With this in mind, I want to explore the certainties and uncertainties I encountered while in 'the field.'<sup>7</sup>

## 2.5 A Reflexive Exercise

I have enjoyed speaking with you today... they came and asked me if I wanted to talk to you and I thought 'why drop my chores to speak about such matters?' But now that I have come and sat and talked I feel happy, relaxed, relieved. See, I was doing the laundry, the washing, and was worrying. I have many worries. I have been sick, lost a child, my husband has not had work in 20 days. So to come and sit and talk feels good. (Padma, Interview 101, August 17)

One of my major concerns when planning to conduct interviews was that I would impose upon people's valuable time; women would not have time to speak with me; or women would feel obligated to speak with me, thinking I could help them. Following unsuccessful attempts to interview sexual and reproductive health (SRH) programmers from various NGOs in New Delhi, including being stood up and not having my phone calls returned, I was worried that the hard working women in Daultabad Village would be too busy with their seemingly endless chores to speak with me.

Padma's comment on my first day was a relief. During another interview, Sita said "I am happiest sitting and talking to you and to neighbours. I left my laundry when I

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<sup>7</sup> Researchers do not enter 'the field' at any give time or place, but are part and parcel of 'the field' and hence, always 'in the field' (Rose, 1997; Raghuram *et al.*, 1998; Hyndman, 2001) Researchers define and create the field. Additionally, as Hyndman demonstrates, "by being in the field, one changes it and is changed by it" (Hyndman, 2001: 262). In this sense, the researcher is unable to walk away from 'the field' as it is in fact everywhere. There is no all-seeing eye or an objective gaze over the research or 'the field.' Instead, the researcher is submersed in the research and the two are mutually constitutive.

heard you came. I like to look at faces and to talk. I feel healthier" (Interview 105, August 24). Most of the women I spoke with said they enjoyed speaking with me, but I continue to wonder what these people thought of me and my 'sex talk.' As well, I continue to feel a degree of discomfort with my position as a research writing about them. Did they feel they had to talk to me because I was loosely associated with a foundation working in their village? Or because I was perceived to be a wealthy, 'modern' foreigner?

Removing rigid structures of questioning and answering, according to England (1994), encourages exchange and transparency between the myself and the researched. As such, I sought to divulge my research intentions and potential outcomes up-front to ensure mutual understanding of the power dynamic between myself, the 'learned' academic and each woman I spoke with-- the 'captive' subject. In fact, once I made it clear that I was not working with or for anyone such as the government of India or any development organization; that I had little or nothing to offer anyone in the way of social service programs, education, medical advice or funding; and that no one had to answer any of my questions, let alone talk to me, many women did get up and leave the interviews. This was both distressing in logistical terms and comforting in ethical terms.

I wanted to make it perfectly clear that I was neither a doctor nor a medical specialist in anyway and could not provide any expert advice on sexual and reproductive health. I always prefaced and/or followed discussions with clarifying statements that my knowledge was based on books I had read, stories I had heard from other women or my own experiences. For example, many women asked me about sterilisation. Having read detailed medical texts and watched video recorded tubal ligation procedures conducted in India, I explained that I could talk about what the procedure might involve in everyday language but was adamant that my knowledge was limited, clearly pointing out that I had never conducted or undergone the procedure.

Sarasvati desperately wanted to know if the operation was painful. According to her "nothing is more painful" than childbirth (Interview 117, August 30). She suffered from what sounded like a prolapsed uterus during her last birth and stated during two different interviews that she definitely did not want any more children (Interview 117, August 30; Interview 136, September 14). As such, she eagerly wanted the operation but was terrified that it might be painful. I told her that I did not know whether it would be

painful or not, whether they would use an anaesthetic or not, but that it could be quick and simple if performed properly.

These attempts at 'transparency' however, were not always successful, as women still looked at me as well educated and therefore an authority on many issues. Despite my assertions that I was not a medical authority, women still looked to me for medical advice on everything from boils to cervical cancer. Of course, at the same time, women often looked to other women in general for advice on these matters. As an outsider, I was a potential source of new information. The fact that I spoke English, a language many described as 'educated,' and that I had completed my bachelor's, to many was a sign of superiority, or worse, reflected their inferiority. Several women commented what they saw as their own lack of education, literacy and/or skills in general. "I am not educated, I don't know anything" said Annapurna (Interview 104, August 18) when I asked her what she wanted for her daughters. Sita hanged her head and told me "I am uneducated. I can't read or write," (Interview 105, August 24) after several women made fun of her for commenting on a television show.

I tried to make it as clear as possible that I was a student who was asking questions about reproductive health care—about pregnancy, child birth, abortion and contraceptives—and that I wanted to hear about women's own stories concerning these issues and events. I tried to make it apparent that I was interested in their personal thoughts, and that there were no right answers to any of my questions.

To what extent I was fed answers that 'assumed to be right' is difficult to gauge. For instance, several women responded that 'just two' was the 'best' number of children to have (Gayatri, Interview 102, August 17; Padma, Interview 101, August 17; Sita, Interview 103, August 18; Varuni, Interview 118, August 30; Sarasvati, Interview 117, August 30). To what extent these responses were an internalization of government propaganda is unclear and indeed, not for me to judge. Most women had heard and seen family planning public service announcements on the radio, TV and billboards. My role here is not to evaluate to what extent women think 'independently' of the media, but to examine their strategies in light of media news and other information they come into contact with as they seek out their reproductive intentions. Long and often repeated conversations with women enabled this primary research.

While on the one hand women explained that it was hard to talk about "such issues," (Ahimsa, Interview 121, September 5) they also readily admitted to having

abortions and avoiding sex and seemed eager to discuss these issues. In retrospect, women prefaced our talks with presentations of their 'ideal womaness' before moving on to talk about somewhat taboo issues. In any case, when women did not want to answer my probing questions, they did not and usually changed the subject and/or left the room to go do chores. The avoidance of what I call 'sex talk' in part reflected dominant gender norms in northern India (but could also be attributed to busy schedules). The ideal 'Woman' is scripted as without-sexuality. This 'mother India' or 'mother goddess' image is personified by Durga, a Hindu goddess riding a tiger and carrying items of wealth and desire. By riding the tiger, Durga is controlling all the animal instincts of the beast and representing chastity and restraint. Annie George (2002) highlights the paradoxical imaginings of Indian women, writing that they are "also characterized as goddess and dangerous power, virtuous wife and seductive temptress, pure and impure, to be revered and worshipped, but also to be controlled through direct regulation of their sexuality" (208).

Almost all of the Hindu houses I entered had posters of Durga on their walls and these women talked excitedly about the upcoming Durga Puja, an annual festival preceded by eight days of fasting when women could pray for wealth and fertility. Such a cultural climate made it tricky for some women to talk about issues that might suggest sexuality or sex at all. Euphemisms were regularly used and sexual topics were broached in relation to contraceptive use and 'resting' after birth, abortion, dilation and curettage (D&C) or other events.

Furthermore, as they had not lived in a culture of talking about sex as openly as I have, it seemed only normal to me for many of these women to be uncomfortable with our discussions. In most cases, older women were far more candid about sexual and reproductive issues. For example, an elder woman Baka, made fun of Sita who had poked her eye with a stick while collecting firewood—"what, did your husband forget what to do?" (Interview 107, August 24). The four or five women present, including me all had a good laugh at this joke. I cautiously made the assumption that by raising these topics, I might stimulate talk between women about sexual and reproductive issues that concerned them. Indeed Annapurna noted that she had been asking women about sterilization at the village well since our last talk even though she had avoided all discussion of the operation following 11 births over 20 years (Interview 128, September 7).

The fact that women kept coming back to talk to me suggests that they liked the opportunity to speak with me. Over time many women not only became more comfortable with me on a personal level, but understood the types of issues I wanted to talk about and came to me with things they wished to discuss. Moreover, my situation as an outsider and an unmarried, childless woman placed them in the position of knower. They were the ones who could inform me about these issues as they had been pregnant, given birth and so on. In talking about sex in terms of 'wifely duty,' Miskeenah said "Sarah, you are not married, so you don't know about these things" (Interview 131, September 12).

Additionally, having a middle-class, retired teacher-grandmother as part-translator, part-guardian lent great credibility to my research. Rita was automatically looked up to as a matriarch and an educated woman. At the same time however, she had the credibility of being raised in a basic, farming village just like Daultabad and not meeting her husband until the day of their arranged marriage. The women we spoke with were happy to be able to relate to her on these issues. She was respected as an authority on motherhood and women often ask her about her own marriage, births and children.

At times, women spoke to each other through me. As I raised issues that many women did not normally discuss with each other or did so more privately, my interviews created space for broaching sexual and reproductive topics. For instance, Sarasvati did not want to have any more children but her mother-in-law Parvati was insisting that she try for another son (Interview 113, August 26; Interview 117, August 30; Interview 136, September 14). When I asked about a local fertility clinic, Sarasvati, who had one son (4 years old) and one daughter (2 years old), replied, "I would like to take those pills" referring to daily contraceptive pills, and was adamant saying "I don't want any more kids because labour is terribly painful. I don't want more kids and I'm very scared of going to the hospital" (Interview 113, August 26). She said this directly to me but was talking especially loudly, clearly reiterating her feelings to her mother-in-law who was sitting around the corner.

Women explained that it was not a mother's or mother-in-law's role to explain sex and reproductive issues to daughters but that women could find these things out for themselves and by talking to sisters, aunties and sister-in-laws (Padma, Interview 108,



August 24; Devi, Interview 115, August 30; Sita, Interview 120, September 5; Rani, Interview 122, September 5; Lalasa, Interview 143, September 15).

I imagined myself as the scapegoat, the 'foreign devil,' who brought up taboo issues. While women never directly accused me of being a 'loose' or 'immoral' woman as a westerner, indirect comments made me wonder how they perceived me. During one interview, Rani commented that she had watched an episode of a soap opera where an Indian man married a western woman. She explained how the western women had turned around and forced his parents to do all the household work (Interview 122, September 5). In Daultabad, as in many Indian households, the core chores including cooking, cleaning, laundry, collecting fuels, animal husbandry, and child care fall upon the youngest daughter-in-law. She wanted to know if this was common where I lived.

While I decided I would be honest or 'transparent' with everyone, I was admittedly hesitant in divulging the full truths concerning my personal life. While one of the first questions made of strangers in India is 'are you married?' and I truthfully answered 'no,' I waited until I knew many of the women a bit better before explaining that I lived unmarried with a man and that we were not interested in marriage but instead existed as common law partners, an arrangement unheard of in Daultabad Village. I made it clear that we 'slept in the same bed,' a euphemism for sex that Baka, an elder woman, had used with me (Interview 107, August 24). I was worried this would shock them and somehow close doors to me, but women were instantly accommodating noting that that was fine for me because that is what people in the city did. At the same time, they were adamant that this was not done in the village. Similarly, they noted that women were free to wear western jeans in the city but in the village you had to wear the Punjabi suit or sari. This spatial division of gender norms will be explored further in Chapter 4: Using Bodies.

Clear distinctions were made between the village and outside the village such as 'in the city' or 'in your country.' To most of the women I spoke with, the village was a familiar place and leaving the village required male accompaniment. After three days of interviewing, I began wearing a *dupata*, a scarf typically five feet in length worn about the chest and shoulders. Matrika agreed that it was appropriate for women to wear a *dupata* in the village (Interview 148, September 19). According to Sita, "A *dupata* must be worn" (Interview 105, August 24). Similarly, Rani stated "you look nice Sarah, but we must wear it" (Interview 106, August 24). According to her, it was their "custom" to wear

Indian clothes. Devi also said “everyone in the village is so happy to see you wear the dupata... Even though it is not necessary for you to wear it, you put one on because you are here” (Interview 146, September 15).

While being a woman definitely helped me access the inner rooms of houses and have private talks with women, common gender by no means united researcher and researched. With respect to women interviewing women, the body of literature that examines feminist research methodologies suggests that same-gender status is insufficient in creating a politically neutral environment or a sense of commonality between researcher and researched (Riessman, 1987; Devault, 1990; Bhopal, 1995; Rose, 1997; Bhopal, 2000). Indeed, while I was recognized as a ‘woman,’ I was subject to different codes of conduct as some one from outside-the-village. Feminist scholars have suggested that in order to adequately explore positionalities, issues of race (Bhopal, 1995; Dyck, Lynam and Anderson, 1995; Bhopal, 2000), class (Valentine, 1997; Ward, 1999), sexuality (England, 1994; Phellas, 2000) and culture (Riessman, 1987; Mullings, 1997), among other factors, must be addressed.

I was most definitely seen as not-from-the-village, and while this perception of ‘otherness’ may be based on a mix of women’s assessments of my race, class, gender, sexuality or culture, individual categories of difference were difficult to discern both during and after my ‘field work.’ There is much uncertainty for me as to how women conceived of categories of difference such as gender, race, class, religion, caste, marital status, citizenship, education and so on, so often emphasized by feminist scholars. The women I spoke with showed few indications that these categories were important to them as individual categories of analysis but did illustrate and vocalize clear and strong perceptions of village culture versus outside-the-village culture, especially in how they perceived me.

My fair skin combined with my relatively high education and ability to fly around the world and arrive several times a week in a hired, chauffer-driven car stood in sharp contrast to the faces and lives of those women I spoke with. As skin colour, class and caste all intersect to regulate and rank individuals and groups, especially in Northern India, I am sure that these factors influenced people’s perceptions of me. Nationality, however, was not an issue foregrounded in our discussions. Similarity, citizenship was not an issue of power for these women, as it might be with a refugee applicant or international migrant worker.

While I repeated to each woman that I was from Canada and bought a world map to try and help illustrate this, there was endless confusion as to where I came from, even after two months of visiting the village. As stated above, some people thought I was from the government of India although they were unclear as to what 'the government' was. When probed, Miskeenah described the government as "the Congress party," (Interview 131, September 12) the ruling political party at the time; Mumatz said the government was "the *panchayat*," (Interview 132, September 12) the local, village government. Others thought I was from "the city," which either meant New Delhi or a western urban area depending on who I spoke with; or from "America" or "the USA," which a handful assumed Canada was a part of. In mapping out these local geographic perspectives, my intention is not to suggest ignorance but to examine the ways in which I might have been viewed by my participants and to emphasize local imagined geographies.

The women's sense of geography as in-the-village versus outside-the-village, with the outside being vaguely defined, was highlighted while watching a soap opera with Rani and Neeto. The setting was a grand, opulent home with an extended family clad in fine silk clothes. To me, the household was clearly Indian as the men wore Nehru jackets and the women wore *saris*, *bindis*<sup>8</sup>, and beaded camel slippers. Images of Hindu gods and goddesses adorned the walls and the characters all spoke in Hindi. When I asked "where is this place?" both Rani and Neeto agreed that it was "not in India... maybe in Canada or in Bombay, but not in India" (Neeto, Interview 126, September 7; Rani, Interview 127, September 7).

I am sure that skin colour affected the research process. In brief, caste hierarchies are paralleled with skin colour, where fair skin is highly desirable and has literally been bred into the higher castes. The proliferation of skin lightening (read bleaching) products across the subcontinent is a reflection of the desire for fair skin (Chadha, November 2, 2005; Perry, November 28, 2005). No one, however, mentioned my skin colour or their own and I never raised the question. Groupings as European versus Indian were never talked about and, as I stated above, some assumed that I was Indian and that the Hindi-speaking Indians from their daily soap opera were not Indian.

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<sup>8</sup> A marking worn by Hindu women on the site of the third eye, typically symbolizing marriage. Today, *bindis* can be purchased in sticker form and are increasingly worn by unmarried and non Hindu women as beauty marks.

While education/class definitely set me apart from my participants, as I stated above, women were the informers in this research study. As an 'uninitiated,' these women could tell me 'how it is' vis-à-vis pregnancy, miscarriage, birth, breastfeeding and so on. Many I spoke with did, however, see education as highly desirable and hoped their children, both sons and daughters, would receive excellent schoolings. In fact, many were spending significant funds on their children's private schooling and tutoring despite their limited incomes. And, as already mentioned, several people commented on their lack of abilities, lamenting their illiteracy and describing their inability to help their children with homework (Annapurna, Interview 104, August 18; Sita, Interview 105, August 24; Padma, Interview 108, August 24).

Whether some women felt a lack of education and wealth in relation to me; a lack of confidence and pride in the skills they did have due to their subordinate positionings as women in the village; a sense of poverty in relation to the immense and growing wealth around them both nationally and internationally, or all of the above, is unclear. At these times, I tried to point out the many abilities they did have and asked them to share their knowledges with me. Annapurna, was amazed to find that I had no idea how to milk a buffalo and make *dahi* (yoghurt) (Interview 104, August 18).

For women, chores such as milking, cooking and sewing were expected, unvalued 'women's duties,' whereas the men had to 'work.' "He goes and tries for work but if he doesn't get any he comes home and does nothing. He sleeps. He doesn't play cards and we don't have a field. He just sleeps" (Interview 114, August 30). Men's need to 'work' was constantly uttered as justification by women for men not doing chores, looking after the children, helping during pregnancy or having vasectomies.

My existence as a wealthy person was highlighted when I stopped by Padma's house and was invited in. She commented that she and her sister Devi (two sisters married to two brothers), had not previously invited me in because "we feel shy about our basic houses" (Interview 144, September 15). Concerns of wealth and development were highlighted by many women here. Items such as TVs, fridges and mobile photos were considered desirable and eagerly shown to me with pride. One day Sita invited Rita and I to her house but instead took us to her sister, Ahimsa's home. She later confessed that she was ashamed of her house because her walls were not "plastered and whitewashed" like Parvati's where we had been sitting earlier and that her sister's

house was better because it had a TV (Interview 105, August 24). Indeed her brick house had holes in the walls and roof and looked ready to topple over.

How did I view these women and their “basic” houses? This question relates to the larger question of a why and how I came to research women’s reproductive health in India. I must admit that until completing my BA in geography in 2000 and heading to India to work as an intern for a Canadian crown corporation conducting development and aid research, I believed earnestly in development and thought that I could help people suffering from poverty. While well-intentioned, this missionary-zeal was narrow minded and shrouded in all sorts of harmful colonial discourses on liberal first-world-thinking versus ignorant-third-world-ways. In place of Spivak’s (1999: 284) “white men saving brown women from brown men,” I unwittingly believed in “white [wo]men saving brown women from brown men” (Wood, 2001: 431).

I returned this time to India to critique this development framework. Having already lived in India for four and half years, I had contacts that proved useful for my research and was familiar with some things ‘Indian.’ I place ‘India’ in quotation marks because, while it is problematic to make generalizations about most places, India especially diverse; not a unified place or people. With a population of over one billion, India is home to many different languages and religions as well as a disparate caste structure. Furthermore, it is geographically differentiated in terms of both urban and rural and northern and southern disparities. In this sense, I had few expectations about the place(s) I might end up ‘doing’ research in and the people I might find to talk to. I had lived in New Delhi for almost four years as a high school student and during that time had volunteered during the school years in a local slum. Furthermore, I later worked for six months in New Delhi in the field of development on a women’s empowerment project. I had also travelled around the country and visited many different communities.

Far from giving me an ‘accurate’ snapshot of the lives and characters of some group labelled ‘poor women,’ these many opportunities meant that I entered my master’s research with few assumptions about Indian people, communities and spaces. For instance, I was unsure whether people would be willing to talk to me about sex, not because I viewed all Indians as timid or sexually repressed, but because I was unsure who I would be talking to and aware that different households and communities had different sets of norms. I arrived in New Delhi without a research ‘site’ arranged and

called up everyone I knew or was interested in knowing before I was introduced to some women in Daultabad Village.

I do not mean to suggest, however, that I am now a neutral person, untangled from webs of colonial and development discourses, as these are the frameworks within which much of my knowledge of India has been based. Instead, I am aware of the need to critically reflect upon these relations of power and provide alternative constructs with respect to women's sexual and reproductive wellbeing.

While I have implied that the flexibility of interviews and the position of women as informers enabled the research process to be participant driven to some extent, I must also concede that the research process would never have happened without me, the outside researcher with the research funding, the education and the desire and ability to work in India and tackle colonial and developmental approaches to women's health. Along these lines, I offer this work as partial knowledge, subjectively infused, not exhaustive and certainly not rational and objective (Rose, 1993). This is not to say my work is irrational and entirely subjective, but that uncertainty exists and is most welcome.

As well, I present my work as a political project, following feminist calls for combining activism and academia (Rose, 1993). My desire to reframe population geographies, political geographies and feminist geographies is not solely an academic endeavour but based on a personal drive to uncover the very real injustices produced by unequal gender relations. Specifically, I seek to highlight the violences of population control and to problematize development as a logical, achievable transition between disempowerment and empowerment justified by the involvement of 'poor' women themselves.

I have suggested that women themselves welcomed me in their homes willingly, justifying my intrusion into this village by their extension of invitations to me. I, however, made all the first moves by showing up again and again, with a specific topic in mind. Moreover, to what extent people assumed that I could help them because of my assumed privileged status, is unclear. More than these categories of difference however, I felt that many of the people I talked to simply enjoyed sitting with me because I constituted something very different from their daily activities. Most women were confined to the village and therefore were limited to knowing the people around them. A new friend or person to talk to was exciting and desirable for some of them. Indeed

there were days when people would fight over me arguing, albeit with a smile, that I had not visited their house yet but had already visited someone else's two or three times.

The women also knew I would leave the village and not be present to spread gossip in the future. In this sense, I was providing a sympathetic, confidential ear. In fact, it was impossible for me not to provide friendly counsel to someone crying in front of me, not because I was some how more knowledgeable and they were needy but because Rita and I felt compassion towards those genuinely engulfed in distress. I did not feel like a researcher first and a person/friend second, but both simultaneously. Indeed a growing body of literature on emotional geographies examines a range of subjective feeling spatialities and methodological concerns (Moss, 2001; Bondi, 2005). My stance here is that as researcher-person I can and do care about the people I interviewed but was very clear to them all that I was unable to help them in any professional way, whether in terms of psychological counselling or political, legal or financial support (but wished and continue wish that I could have).

In judging perceived and changing positionalities of me and my research participants, I never once asked women "how do you use your body?" Answers concerning the use of bodies were not coerced, but rose up in unexpected places during interviews. While I recognize the power of the researcher to interpret and present information in lectures, theses and publications, this does not mean that the researched are unable to negotiate what they want. As Sharp (2005) points out, "it is not always the researcher who is in a powerful position, driving forward the development of the research" (306). Sharp cites the work of geographer Chacko (2004) who "was out of place and in a relatively powerless position, particularly so when she was invited into the homes of her respondents" (2005: 306). Chacko (2004) herself writes:

Although much has been made of the privileging gaze of the academic, I realized during my stay in Kultali that the gaze was returned. In spite of commonalities, I was just as much the Other to my informants as they were to me. (60)

Like Chacko, in Daultabad, I was at times the Other, but despite this casting, I felt at moments connected, when laughs and/or tears were shared with nods of agreement or knowing eye contact. In fact, contradictory perceptions ruled my time in Daultabad. Women felt sorry for me due to my lack of marriage, children and home as well as my aloneness ('where was my family?' they asked). They also commented disparagingly at

my plastic flip flops which they saw as bath- or house-shoes, my simple cotton outfits and were perplexed by my lack of jewellery, a sign of wealth and status and femininity. At the same time, women made remarks about my favourable wealth, education, security and ability to travel, stating they would like to be able to earn an income, have wealth and my education.

These contradictory perceptions present a perfect segue into my next chapter on the bodies of women and the state of India. Competing images of poor women in need of technical solutions versus modern, independent decisions-makers run through dominant sexual and reproductive health (SRH) discourses, nationalist thinkings and indeed the formalized National Population Policy in India. In the following chapter, I explore the geography of bodies and bodies in geography.



# Chapter 3: Geographies of Bodies and Bodies in Geography

## 3.1 Bodies in/for India

In order to examine the ways in which women negotiate existing sexual and reproductive health (SRH) regimes<sup>1</sup>, researchers must look beyond issues of access to services. Analysis must take into account conceptual frameworks that situate women as wives, mothers and reproductive bodies and shape the ways in which women achieve their various SRH desires or what Ravindran and Mishra (2001) term “reproductive intentions”. Increasingly, critics are emphasizing the limited and limiting assumptions that underlie dominant global discourses on sexual and reproductive health (see Chapter 1) and urging an acknowledgement of women’s different, contradictory and changing situations (Hartmann, 2002; Underhill-Sem, 2002; Rao, 2004). This recognition, it is argued, will enable broader and more flexible understandings of women’s sexual and reproductive lives, where women’s bodies are all at once sites of oppression and resistance.

Dominant global discourses on SRH and rights continue to approach health within a framework of anatomy and biomedicine. This approach to women’s health governs India’s national population and health programming (Rao, 2004). Expanding this health framework to recognize the multiple and changing elements that shape a person’s wellbeing enables analysis on how people negotiate existing power relations in their everyday sexual and reproductive lives.

In the context of contemporary India, this chapter examines the ways in which state policy in combination with nationalist discourses produce specific, limited options in terms of SRH for women. Body, gender and state intersect to shape women’s everyday negotiations of in/fertility, motherhood, birthing practices, use of private or public services and other sexual and/or reproductive matters. This chapter examines the

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<sup>1</sup> Reproductive health regimes are defined as social and institutional approaches to health. These may be multiply influenced by midwives, spiritual healers, auxiliary nurses, doctors, nongovernmental organization programmers and the state (Ram and Kuanui, 1998)

material and social construction of bodies as objects while Chapter 4 focuses on the way women use their bodies as subjects negotiating their SRH intentions. In the following sections, I problematize four key conceptual issues that shape dominant reproductive health discourse. These are 1) the body as space and scale, 2) the body as both social and material, 3) wellbeing as a broader notion of health and 4) individual autonomy. Finally, I tie these analyses to a discussion on the regulating nature of the Indian state in shaping women's health intentions and indeed what is 'body' and 'Woman.'

### **3.2 Geographies of the Body**

As women's reproductive health and rights come to the forefront of international debates on gender, culture and development, increasing literature is focusing on facilitating people's access to sexual and reproductive health (SRH) services. Through these services, the assumption follows, women (and men) can achieve complete freedom "in all matters relating to the reproductive system and to its functions and processes" (ICPD, 1994: article 7.2). While liberal notions of freedom sound promising, the question arises "freedom from whom"? From body, husband, family, community, and/or state? This question is left unanswered, suggesting that people are able to exist outside of power, beyond relations of family, community and nation, beyond the discourses that shape body, health and wellbeing. Furthermore, this approach to health suggests a separation of mind and body that feminist social scientists have problematized (Longhurst, 2001).

Kielmann (1998; 2002) argues that this dichotomy is central to medicalized, individualized and compartmentalized conceptions of wellbeing that are being implemented globally within a larger neoliberal development impetus (also see Hartmann, 1995; Petchesky, 1995; Jolly, 2001; Hartmann, 2002). Dominant discourses on global health assume that bodies are 'knowable' through biomedicine and anatomical analysis. What concerns feminist researchers, like me, is the absence of theories that examine the fluid nature of bodies and people's different roles as social actors. By the former, I refer to the dynamic construction of bodies as co-constituted by always changing material and intangible processes. By the latter, I wish to emphasize people's participation in social processes.

Feminist geographers have foregrounded the body as a place and therefore a crucial scale of analysis in geography (Longhurst, 2001). The body is seen as not only a place or site in itself, but also as something that takes up and occupies space (Rose, 1995; Longhurst, 1997;2001; Underhill-Sem, 2002). As such the body has been analyzed as the finest scale of geographical analysis (Rose, 1995; Marston, 2000; Underhill-Sem, 2001;2002;2003; Marston, 2004). What 'the body' is, however, remains contested. As Longhurst illustrates, there is little consensus on, and indeed little use for, some "absolute or exact definition of the term" (1997: 487).

Feminist social scientists have loosely envisioned the body as both tangibly and discursively (re)produced (Longhurst, 1997; Dureau, 2001; Jolly, 2001; Longhurst, 2001; Ram, 2001; Robinson, 2001; Underhill-Sem, 2001;2002;2003; Van Hollen, 2003). The body is viewed not only as materially 'real,' but wrapped up in social, political, economic, and spiritual discourses. In this framework, the body is not only anatomically present, it is a site for the inscription of power relations. In other words, the body is understood with respect to the social processes (Turner, 1992) and discourses (Foucault, 1980) that construct it. Hence, "the body cannot be understood outside of *place*" (Longhurst, 1997: 489). This is the very basis for human geography, namely, that human subjects are co-constituted by space. As Doreen Massey writes, "space is constituted through social relations and material social practices...[and] the social is spatially constructed"(1994: 254).

Feminist geographers and other social scientists have also argued that the body should not be understood as separate from the mind. As Rose (1993) states, this separation is based on a

"[m]asculinist rationality...which assumes a knower who believes he can separate himself from his body, emotions, values, past experiences and so on, so that he and his thought are autonomous, context-free and objective" (7).

From this vantage point, the 'knower' is disembodied and assumed to make rational decisions over his (or her) messy, uncontrolled body. This mind/body dichotomy has been problematized by scholars who detail its gendered roots (Rose 1993, also see Longhurst 1997; 2001, for a comprehensive list of authors and analysis). 'The mind,' imagined in terms of reason, rationality, consciousness and social production, is associated with men/masculinity, while 'the body' is seen to contain hormones,

unconsciousness, leaky fluids and the bursting processes of reproduction and is linked with women/femininity. This binary is central in the (re)construction of social relations where male/mind are positioned as rational and female/body are situated as irrational. Such a distinction (re)produces gender hierarchies in which women are marginalized (Rose, 1995) and reduced to the bodies they 'inhabit.'

In the context of SRH, family planning programs have been criticized for targeting women's bodies with invasive, long-term methods that seek to control their fertility. The Indian government's continuous focus on one or two long-term, invasive methods (sterilization, followed by intrauterine devices (IUD) and now, increasingly, hormonal implants)<sup>2</sup> is an excellent example of patriarchal anti-natalism. The fact that these methods have been promoted, often with various bribes, above and beyond other methods including oral pills, condoms and so-called 'traditional' or 'natural' methods (e.g. continuous breastfeeding, calendar, temperature, Billings and ovulation methods) which enable user control, illustrates national priorities. State level population policies reflect the assumption that women cannot be trusted to control their fertility (their bodies), such that the state must intervene on their behalf (Ram, 2001; Robinson, 2001; Whittaker, 2001; Rak and Janes, 2004). Such SRH programs consider women as lacking mind/rationality and therefore at the mercy of their body/irrationality.

### 3.3 Material and Social Bodies

In response, sexual and reproductive debates have revolved around a woman's right to make choices concerning her 'own' body. This perspective has been instrumental in bringing women's reproductive rights to the forefront of global debates on international development.<sup>3</sup> In India, manuals like "*Na Shariram Nadhi: My Body Is Mine*" (Sabala and Kranti, 1995) and "*Hamara Sharir, Hamara Haqq* [Our bodies, our

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<sup>2</sup> Invasive, long-term methods reduce individual control over fertility. Sterilization, intrauterine devices (IUDs) and implants all require medical interventions. Sterilization for the most part is irreversible (reversal procedures are expensive and not guaranteed to work); IUDs, which can last up to 12 years, must be inserted and removed by a medical professional; and hormonal implants, such as Norplant, which typically disrupt hormonal systems and menstruation cycles, are considered effective for up to five years, and must be surgically implanted and removed.

<sup>3</sup> Further analysis suggests that a gendered perspective is limited and that women's rights issues are also affected by class, caste, race, language and indeed the discourses that (re)construct them. For discussions problematizing the essentialized category of 'women' in general, see Mohanty (1991) and Ram (1991); for SRH in particular see Petchesky (1995).

rights]” (Viridi, 1986) highlight the adoption of this framework by many urban women’s groups in India (for more on this see Ram and Kauanui, 1998).

This approach, while well-intentioned, fails to recognize the multiple materialities of women and instead presents a universal ‘Woman’s Body.’ Similarly, this perspective suggests that the body is already, always existing. In this sense, the strategy is to take control of the body, out of the hands of patriarchal institutions and give it ‘back’ to women. In opposition to this line of reasoning, feminist analysis has underscored the discursive nature of the ‘female body’—that it is contextually (re)produced and understood within gendered, racialized and predominantly heterosexist frameworks. In other words, the body is not biologically given, but socially constructed. Underhill-Sem (2003), however, argues that this analysis has gone too far and that the material actualities of women everywhere are being overlooked. With respect to reproductive health, attention needs to be paid to the women’s ‘real bodies’: how they are created, manipulated and used by village, state and women themselves in tangible ways.

In focusing on what Underhill-Sem (2003) calls the “materially pinchable” (54) nature of bodies and their spatial movements and meanings, I do not wish to ignore their discursive nature, as both are instrumental in the (re)production and understanding of SRH in general and women’s everyday negotiations of SRH in particular. Longhurst (2001) explains this simultaneous materiality and ethereality in terms of fluidity. She points to the wealth of scholarly literature that focuses on the fluid nature of identity, and uncovers a resistance in geography to explore the fluid nature of “bodily boundaries” (5). By bodily boundaries, Longhurst refers to “the liminal places where the exteriority and interiority of bodies merge” (2001:5), recognizing the intersection between material and social processes that (re)construct what people come to know and perform as ‘the body.’

In response, Underhill-Sem asks “what are the connections between what we think and talk about, and the materiality of the subject?” (2001: 453) and calls for “feminist theories that allow us to understand the body as both a collection of flesh and bones as well as a site of inscription and agent of performance” (2003: 16). Furthermore, Simonsen suggests that feminist geographers “tackle explicitly the relationship between the symbolic and the material, between representations of the body and embodiment as experience and social practice in concrete social, cultural and spatio-temporal contexts” (Simonsen, 2000: 9).

This framework offers a useful critique of population geography and global health discourses where individual bodies are medicalized and normalized along western notions of health and disease and, as such, assumed to be 'knowable' objects in biological, scientific terms. This liberal health model disembodies wellbeing, assuming mind and body are distinct. Even where feminist analyses have recreated the body and mind as parts of a whole human, however, the assumption remains that bodies are physically prearranged.

Moira Gatens critiques this approach asking "[h]ow does culture construct the body so that it is understood as biologically given?" (Gatens, 1996: 52, as cited in Underhill-Sem, 2001). While fertility, childbirth, mortality and death may be ceremonially recognized as being culturally interpreted in different spaces and times, they are rigorously categorized, numbered and analyzed as if biologically pre-existing within demography. They are "taken-for-granted biological facts" and "the representation of these certain biological events as data is accepted" (Underhill-Sem, 2001).

Pregnancy and childbirth problematize this framework. While a pregnant body is physically bulging *into* space and *outside* itself, it is also socially inscribed as heterosexual, female, maternal and so on (Longhurst, 2001; Underhill-Sem, 2001) and regulated by community as if owned by society. And, while successful delivery may be determined along biomedical classification (i.e. infant and maternal mortality rates), in social terms, a successful birth may be defined by gender (girl versus boy), place (home versus hospital delivery), and/or time (auspicious day/hour), among other factors (Stephenson and Tsui, 2002; Thapan, 2003; Unnithan-Kumar, 2003). Additionally, the identity of a pregnant woman as an individual is complicated by her 'containment' of another body and is further altered after childbirth (Underhill-Sem, 2002; Van Hollen, 2003).

These shifting boundaries of being, both material and perceived, are not acknowledged within dominant reproductive health debates and the feminist critiques that exist continue to assume the "naturalness of biological bodies" (Underhill-Sem, 2001: 453). Thapan (2003) shares the story of Sangeeta, a 31 year old woman living in Old Delhi, who takes pride in having worked arduously right up until child labour and in showing strength after a caesarean. Unnithan-Kumar (2004) interviews women in

Rajasthan who use dilatation and curettage (D&C)<sup>4</sup> procedures surreptitiously to abort fetuses without familial consent. She also shows how poor women are accessing foetal ultrasound testing to physically prove their fertility, and hence their validity as wives, to expectant in-laws and husbands.<sup>5</sup> These examples by Thapan and Unnithan-Kumar illustrate women's "everyday interactions with their bodies or, through their bodies, with the world around them" (Simonsen, 2000: 9).

In this section I have discussed conceptual approaches in feminist geography that have represented bodies as fluid in both material and social terms and challenged interpretations of bodies and reproduction as biologically given. In the following two sections I turn my attention towards problematizing dominant discourses SRH and rights by examining firstly, the fluid concept of wellbeing and secondly, the static notion of individual autonomy.

### **3.4 Remapping Health as Wellbeing**

While global consensus around the 1994 International Conference on Population and Development (ICPD) in Cairo emphasized that women's self-identified health needs must be central to sexual and reproductive health (SRH) programs, development indicators such as fertility and mortality rates continue to drive health policies in many countries, including India. What constitutes women's wellbeing has therefore already been defined and categorized by state and international level "authoritative knowledge" (Pigg, 1997; Kielmann, 2002; Unnithan-Kumar, 2004). Ultimately, women's health remains narrowly defined in demographic terms around biological reproduction (fertility, maternal mortality, birthing practices etc.) without recognition of women's own sense of wellbeing (Robinson, 2001; Kielmann, 2002; Thapan, 2003).

SRH programs have often failed to ask how women perceive their bodies and conceptualize their wellbeing (e.g. in socio-cultural frameworks with lay vocabulary

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<sup>4</sup> Dilatation and curettage (D&C) refers to the surgical scraping of the uterus lining to remove tissue. In Rajasthan, Unnithan-Kumar (2004a) shows that the procedure is widely accepted as a means to cleaning the womb and preparing it for a healthy conception. The cultural sanctioning of D&C enables women to garner funds from husband/in-laws and use the procedure, which ultimately aborts conceived fetuses, as a contraceptive measure.

<sup>5</sup> As Unnithan-Kumar (2004) illustrates, marginalized women do not show visible signs of pregnancy until much later in the foetal cycle compared to women with higher levels of nutrition and lower levels of physical work. In these cases, scans may be used to compensate for the lack of physically obvious signs of pregnancy.

instead of disease-related with biomedical terminology). Instead, a singular, liberal, industrialized notion of health is assumed as a universal model (Hartmann, 1995; Rak and Janes, 2004; Unnithan-Kumar, 2004). This approach to human health presupposes a specific vision of the human body: one that is medicalized and compartmentalized and may not register with the on-the-ground needs and intentions of most women. As Rao (2004) states in reference to India's population policies,

Not only has the health of the population not been of central concern, but also the vision of health has been severely diminished by a sort of technological hubris. Health has become divorced from levels of living, of conditions of work, of access to food, of striving for equality and justice; it has come to be equated with doctors, hospitals, and technical interventions. (14)

As Rao (2004) illustrates, health has become defined in specific ways along biomedical lines, without recognition of the multiple and changing determinants which co-constitute health or wellbeing. In other words, dominant medical approaches have largely ignored the intersectionality of spirituality, culture, gender, economy, place, society and so on with SRH. As Jennifer Johnson-Hanks (2002) writes, analysis should "examine contraception use as a social practice, rather than as a narrowly medical one" (246).

In response to dominant biomedical models, some anthropologists, sociologists and geographers have begun to use the broad term 'wellbeing' in lieu of the medicalized term 'health.' They loosely define wellbeing to include meanings beyond the medically-based notion of diseased versus not-diseased, encompassing socio-cultural conceptions (Ravindran and Mishra, 2001; Rani and Bonu, 2003; Thapan, 2003; Unnithan-Kumar, 2004) and estimating personal knowledges such as perceived morbidity<sup>6</sup> (Kielmann, 2002; Kielmann and Bentley, 2003).

In unravelling the assumptions of medicalized health regimes it is useful to begin with an example that ties in the feminist reconceptualizations of 'the body' that I have discussed above, with individuals' subjective conceptions of wellbeing. A contrast between biomedical and lay perceptions of wellbeing helps illustrate the limited geography of health that dominates SRH programming. Analysis of perceived morbidity in Northern India illustrates that a women's perceptions of illness can extend beyond the

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<sup>6</sup> Kielmann (2002) defines perceived morbidity as "an individual's awareness that there is something wrong with her/him" (116).



tangible body and are instead (or in addition to biomedicine) conceived of in terms of social and cultural understandings of womanhood and gender roles (Kielmann, 2002; Kielmann and Bentley, 2003). Women interviewed in Rajasthan perceived reproductive tract and yeast infections to be leakages attributable to their struggles as 'weak' women who perform challenging physical work (Kielmann and Bentley, 2003).

Within this framework, women consulted by the authors did not see themselves as requiring medical intervention. People perceive themselves outside of biomedical terms and beyond the bounded epidermis of the body, and these understandings shape their sense of wellbeing. As Pigg argues, the very customs or beliefs that are absent in western medical approaches, are "actual practices through which people care for bodies that are understood in terms other than those of biomedicine" (1997: 247).

Recognizing multiple dimensions of health, Thapan (2003) views wellbeing as influenced by social, psychological, physical, and security issues such that a sense of wellbeing "depends not only on a woman's sense of herself as an individual, but on her relationship with others in her extended family" (78). Another factor evident in my own research are spiritual approaches to health, where ceremonies of fasting and food avoidance, as well as prayers, *pujas*<sup>7</sup> and so on, are used to cleanse the body and house and ensure better health for oneself and others.

In my interactions and observations with women Daultabad Village, I found that women's capacity to negotiate which relationships in the household was strong and was recognized by women themselves as a key element to their wellbeing. The ability to negotiate their wellbeing and that of their children is a well-honed, significant, if immeasurable, skill. Wellbeing is about meeting the daily needs of their children and husbands in terms of food, clothes, water, housing and spiritual purity, as well as avoiding conflict and keeping 'harmony' in the household (Interview 102, August 17; Interview 108, August 24). Wellbeing also includes more institutionalized notions of reproductive health.

Women must negotiate existing health regimes, past experiences, media campaigns, husband and familial expectations and other socio-political influences while attempting to achieve their sexual and reproductive intentions. In this sense, strategies

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<sup>7</sup> A *puja* (a.k.a. *pooja*) is the ceremony of worshiping and showing respect to a god or gods. This may involve prayer, songs and/or rituals and may be conducted by a priest. Natural objects as well as scriptures, paintings, vessels and statues become sites of connecting to a god's divine spiritual energy and communicating with him or her. The goal is to stand in good favour and achieve greater purity.

for improving a woman's reproductive health must move beyond the simple provision of contraceptives and sexually transmitted infection (STI) and AIDS education, to challenge the structural inequalities that situate women as female bodies and/or reproductive actors and recognize their knowledges of these power differentials (Sen, 1999; Cornwall and Welbourn, 2002; Sen, 2003).

### **3.5 Individual Autonomy and Choice**

Cornwall and Welbourn (2002) argue that the liberal philosophy of individualism does not "recognize the complex webs of connectedness in which people are embedded, webs that affect their sexual and reproductive well-being" (5) (also see Stephenson and Tsui, 2002; Moursund and Kravdal, 2003). Additionally, Unnithan-Kumar (2004) argues that the "demographic understanding of autonomy has failed to pay attention to women's agency because it equates autonomy with individualism" (15). In other words, the global reproductive rights approach assumes that 'third world women' lack autonomy because they are marginally positioned within collective societies. Furthermore, women are assumed to be unaware of their disadvantaged situations.

While Thapan (2003) shows that poor women in Delhi often "see their own well-being as emerging from or resulting from... familial well-being" (81). Women I spoke suggested this was true for them as well, pointing out that managing the home, feeding and taking care of children and husband and keeping the household harmonious made them happy, strong and healthy (Gayatri, Interview 102, August 17; Sita, Interview 105, August 24; Purvaja, Interview 123, September 5).

Additionally, Thapan (2003) illustrates the many ways in which women's personal declarations of self-determination are also central to their wellbeing. Women not only display independence, they consciously recognize and take pride in their ability to exercise it (Robinson, 2001; Kielmann and Bentley, 2003; Thapan, 2003; Unnithan-Kumar, 2003; Van Hollen, 2003; Unnithan-Kumar, 2004;2004). In Daultabad village, women took pride in telling me they managed the household income (Gayatri, Interview 102, August 17); were able to travel freely without accompaniment (Sita); said 'no' to unwanted sex (Devi, Interview 115, August 30); had more than 'just two' children (Purvaja, Interview 123, September 5); or, held on to their marriage jewellery as old age

security (Parvati, Interview 111, August 26). Self-described acts of independence contribute to women's sense of wellbeing.

By moving beyond an empowered/disempowered model of choice, a broader range of negotiations become visible. For example, to achieve their SRH intentions, women may comply with patriarchal systems that pigeonhole them as women/wife/mother. On-the-ground research that suggests an Indian woman's sense of wellbeing is wrapped up in her ability to produce children and shows that many women actively seek out fertility enhancements, not barriers (Unnithan-Kumar, 2004). While activists may seek to emancipate poor, uneducated women from the bondages of marriage and childbirth; Thapan (2003) presents us with women in a Delhi slum who achieve respectability and status through wedlock and motherhood (for more examples, see Ravindran and Mishra, 2001; Unnithan-Kumar, 2003; Van Hollen, 2003; Matthews, Ramasubban, Rishyasinga and Stones, 2004; Unnithan-Kumar, 2004).

By earning the respect of in-laws, a women's status, and indeed sense of wellbeing, is greatly improved not only physically, by a reduced work load within the home, but socially, by her status as a matriarch (Thapan, 2003). Indeed, the women I spoke with explained that it was their duty to have children and that fulfilling this role elevated their standing in the household and community (forthcoming, Chapter 4). Several women explained the constant nagging and humiliation they suffered at the hands of their in-laws when unable to 'produce' children, especially sons. In Daultabad Village, Sarasvati (Interview 117, August 30), Padma (Interview 112, August 26), Ahimsa (Interview 121, September 5) and Madhu (Interview 139, September 14) all sought out fertility treatments from a range of sources using tonics, injections, prayers, pills and operations in an attempt to conceive.

In order to successfully fulfil these 'female' roles, sexual and reproductive health services, legal or non, are crucial and, therefore, pursued through whatever means necessary and available, even against the will of husband, in-laws, and/or state (Thapan, 2003; Unnithan-Kumar, 2003) (forthcoming, Chapter 4).

While women may not be able to challenge their husband's or in-law's patriarchal control over their sexuality, their use of their bodies in achieving a sense of wellbeing is evidence of subversions of oppressive norms, laws and/or expectations. Additionally, while in many cases women do take actions to fulfil their reproductive intentions, Unnithan-Kumar (2004) argues that explicit actions are not the hallmark of autonomy

and that desires and preferences for self-determination must be acknowledged as subversions of existing power hierarchies. Along the same line, Thapan (2003) recognizes that subversive acts can take many forms ranging from public actions and verbal demonstrations to “muted” (77) thoughts and subtle use of body language. Kielmann sees women's autonomy in “gestures, habits, desires that are grounded in the body ... as the sources of resistance and protest” (1998: 129).

Static conceptions of women's sexual and reproductive empowerment and autonomy are reflected in India's national population health programming. Additionally, the concept of reproductive choice adopted in population policy is simplistic, suggesting that there exists some place outside of social relations where women are free to choose. Choice is further misappropriated to suggest a myriad of options for both men and women. India, in its drive for development, has a long history of aggressive population control policies which have shaped reproductive health programming throughout the country. Invasive and often coercive programs have targeted women's bodies, seeking to limit fertility. In short, the state produces limited choices for women (and men) in terms of SRH. The modernizing impetus of these programs have had “important mental and physical implications for individual reproductive experiences and ideas of citizenship” (Unnithan-Kumar, 2004: 3). In the next section, I discuss these issues, highlighting the tangled relations between individual and state discourses.

### **3.6 Bodies for Development: Women and the State**

In India, population health programming has largely been a national project. While each state government within India is charged with local implementation, the design and indeed the very impetus for sexual and reproductive health (SRH) care reflects national guidelines (Karkal, 1996; Ram and Kauanui, 1998; Ram, 2001; Donaldson, 2002). National level policy targets women as development agents with reproductive bodies. The works of Ram (2001), Jolly (2001), Robinson (2001), and Chatterjee (1986) examine this gendered nationalist rhetoric in nations categorized as ‘developing.’

The Indian state has constructed the ideal “modern reproductive consciousness”(Ram, 2001: 85). As a post-colonial state, India seeks to build itself up as a unified, independent, progressive nation through rational development planning

such that it may showcase itself to the world as modern, controlled state (Ram, 2001). In the march forward, the imagery to be left behind is that of an uncontrolled, *overbreeding* population that is causing India to drag its economic feet. As Robinson (2001) states, the global discourse on 'overpopulation' sees "fertility as a failure of rational control and fecundity as an enemy of humankind to be controlled and constitutes women as the objects of policies" (39). Within this framework, educated women are expected to *logically* 'choose' to limit their reproduction (their bodies) for the good of the family, community and nation. Furthermore, Jolly (2001) asks to what extent gendered, nationalist discourses reinscribes "heterosexual relations as normative, extruding homoerotic, nonreproductive, even celibate sexualities as marginal, deviant or threatening to the patriotic values of being a good citizen, man or woman?" (2001: 2).

In its post-colonial nation-building, India has increasingly adopted reproductive rights rhetoric to showcase itself as a liberalized nation where women have the 'choice' to limit their fertility for the good of the nation. This gendering of citizenship can be compared to analysis on embodied nationhood where terms like 'motherland' and 'fatherland' conger up familial images of heterosexual reproduction for the nation (Jolly, 2001). Here, citizens may join the family of the nation by producing families for the nation.

While European hegemons historically evoke embodied nations in their nationalist discourse (Sharp, 1996), Indian nationalism is not simply carbon copied from colonial powers. Just as individual identity must be recognized to exist in multiple and changing forms, Chatterjee (1986) argues that national identity in India represents a hybrid form of nationalism. This hybridity, he argues, represents a contradiction between colonial and anticolonial thought or, more precisely, between "liberal, emancipatory ideals and a collectivist vision that stresses Indian unity and progress against colonial decadence" (1986: 203).

How have women been imbricated within this national contradiction? Ram (2001) explores this tension by contrasting liberalism and developmentalism in India. On the one hand, women are emancipated to make 'individual choices' and on the other, they are responsible to the modernizing nation and must control their reproductive behaviour, especially their sexuality, accordingly. While national population policies target women as reproductive actors, assuming family planning to be 'women's business,' women's choices are limited by state policy, especially for women in

marginalized classes, castes, ethnicities, languages and religions (Dureau, 2001; Whittaker, 2001). In India, minorities are stigmatized as 'backward' and 'overbreeding' in contrast to the archetypal high-caste, modern Hindu that shows reproductive and sexual restraint (Ram and Kauanui, 1998; Ram, 2001). Similarly, in her research on the Isaan in Southeast Asia, Whittaker remarks that indigenous women are "addressed as targets of reform whose high fertility and, by extension, their poverty and lack of education may be reversed through a pill, IUD, or tubal ligation so as to become part of the modern, developed Thai state" (2001: 225).

While India has adopted global reproductive rights rhetoric, like many other nations seeking economic development, fertility reduction continues to drive national SRH programming (Karkal, 1996; Ravindran and Mishra, 2001; Donaldson, 2002; Kielmann, 2002; Van Hollen, 2003). According to Unnithan-Kumar (2004) "[t]he [Indian] state is both galvanised and controlled by dominant global discourses on sexual and reproductive health and, at the same time, it uses it to produce and reproduce its own mechanism of status and control" (3). In other words, while India's move from target-based population control programs to health-based approaches to SRH has been well publicized, individuals<sup>8</sup> are still subject to limited and often coercive fertility planning programs and propaganda. When invasive, long-term methods such as sterilization, IUDs, and hormonal implants, which are most amenable to state planning and biomedical control, are the only ones available to women, 'freedom to choose' becomes debatable. As Ram (2001) argues, it is problematic to talk of 'choice' when no "cafeteria of contraceptives" exists (85).

Jolly (2001) problematizes this approach by uncovering its foundational assumption that women should and must be *making* choices. The idea that choices need to be made suggests that rational decisions and behaviour—say through education and family planning—are at the forefront of women's freedom and health. Ultimately the corollary is that women must be educated so that they can rationally 'choose' to have fewer children and that through a reduction in the 'burden' of childbearing a women's status will automatically increase (Robinson, 2001) (see Chapter 1). On the other hand, some women may state a preference to lower fertility, such that their desires coincide

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<sup>8</sup> Women are the main targets of family planning programs. Men were heavily targeted by state run sterilization programs under Prime Minister Indira Gandhi in the 1970s. Massive backlash ensued when it was uncovered that a majority of the 8.26 million sterilizations performed between 1976-77 had been illegally forced vasectomies (Karkal, 1996). Since this time, men have openly resisted the sterilization procedure.

with that of the state. In Daultabad, Sarasvati (Interview 113, August 26) and Varuni (Interview 119, August 31) had two children each and neither wished to have any more.

This linkage between fertility, education and status is problematic as it relies on the assumption that fewer children per family results in greater household income and similarly, higher national income or economic development. This theory assumes that women's quality of life, including total health outcomes, will automatically increase as a result of reduced childbirth and child caring. As discussed in Chapter 1 and Chapter 4 (forthcoming), however, research shows that a woman's status may depend on her ability to bear children, especially sons, and that fertility control does not necessarily improve a woman's health. Not only can some contraceptives themselves cause health problems such as disrupted menstruation and hormonal imbalances, contraceptives on their own do not challenge social dynamics that situate women as vulnerable to poor health and wellbeing (Simonsen, 2000; Van Hollen, 2003; Rak and Janes, 2004; Unnithan-Kumar, 2004;2004).

The structural inequalities that place women in the household, community, or indeed the nation, as reproducers are absent in dominant health models (Karkal, 1996). Without recognition of these social relations, analysis will overlook the gendered, racialized, classist, and sexualized<sup>9</sup> processes affecting women's SRH. Furthermore, discussions on how women's negotiation of their intentions reshapes national and global discourses are absent. As Whittaker points out, through their interactions with existing SRH regimes, "women are made participants in a process of medicalization" (2001: 225). This is not a simple incorporation of women into medical processes, but as Cecelia Van Hollen (2003) concludes "biomedicalization...throughout the globe,... cannot be viewed as a monolithic process" (214). She shows that women in Tamil Nadu combine various biomedical and 'traditional' practices, meanings and technologies to perform and embody *shakti*, a "divine female power" (240) in the creation of 'new' and 'modern' reproductive practices.

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<sup>9</sup> According to Ram (2001, 1998) Indian national population policies not only reflect heteronormative assumptions about individual roles, but target economically-marginalized groups, as well as caste, ethnic and religious minorities as 'overbreeders' who threaten national unity.

### **3.7 Conclusion: Negotiating Wellbeing**

International debates on women's reproductive health have been criticized for adopting a universal, "predominantly Eurocentric, objectified and mechanistic view of the female body, reproduction, health and rights" (Kielmann and Bentley, 2003). The latter four concepts raised by Kielmann and Bentley are useful organizing points for my critique of the global reproductive rights discourse. Firstly, bodies are conceived of as static and generalizable. Secondly, reproduction is viewed as a biologically-given process. Thirdly, health is understood in terms of a "biomedical 'gold standard'" (Kielmann and Bentley, 2003) and fourthly, rights are equated with individual autonomy. This chapter has problematized each of these assumptions.

In summary, sexual and reproductive health (SRH) programs assume a specific geography of the body, not only one in which mind and body are dichotomized, but one in which biomedical terminologies and meanings are inscribed on the bodies of women everywhere. This is especially true in countries like India where a development impetus drives national planning (Petchesky, 1995; Rao, 2004). Reproductive rights discourses often result in a conflict between national and local rationalities. Liberal discourses on individual rights and freedoms that encourage women's autonomy and choice, clash with community, familial, kinship or other local constructs that subsume women in patriarchal systems.

The social relations that situate different women in different ways need to be highlighted because they are integral in shaping how women achieve wellbeing. Class and caste divisions in predominantly Hindu India are reinscribed through SRH care. Poor and less educated women tend to favour the IUD, whereas middle-class, educated women choose oral contraceptives (Ram, 2001). Class and caste are not simple determinants of wealth and access but shape people's experiences of medical care.

The same class divisions are evident in experiences with foetal ultrasound scans. Unnithan-Kumar (2004) shows that in Rajasthan, marginalized women access them for proof of successful conception, while middle and upper class women, following doctor's orders, and along lines of western, medicalized health regimes, engaged with them as standard procedure. The rise in use of scans is attributed to their promotion by doctors and midwives alike. Both see the scanning technology as a means to improve their status. Instead of threatening the role of community midwives, scans acted as confirmation of their ability to diagnose babies' positions and statuses (Unnithan-Kumar,



2004). These are just a few examples of multiple responses to changing reproductive health regimes.

Research shows that global and state reproductive health approaches are targeting female bodies as agents of modernity (Petchesky, 1995; Ram and Kauanui, 1998; Jolly, 2001; Ram, 2001). Van Hollen (2003) suggests that global conceptions of sexual and reproductive modernity are being internalized at the local level. In her research in South India, women interviewed appeared keen to point out their ability to make 'educated choices' between reproductive health options. 'Choosing' to deliver a baby in a hospital, like 'choosing' to limit the number of babies one has, was a way of identifying oneself and/or one's family as modern and 'developed' (Van Hollen, 2003).

Similarly, in my own research women were proud to tell me how independent they were in 'choosing' to limit their fertility. Other signs of female independence such as managing household income (Gayatri, Interview 102, August 17), ability to travel without male accompaniment (Sita), accessing abortions and/or sterilization procedures without the knowledge of husbands (Sita, (Gayatri, Interview 102, August 17), Varuni) were eagerly shared with me. Cornwall & Welbourn (2002) suggest that "shifting the frame beyond formal rights given and guaranteed by the state to what people feel they are owed—by partners, kin and communities, as well as by the authorities—offers a very different entry point" (5) for examining women's reproductive health and rights. They call for "strategies that engage with people's 'sense of entitlement'" (5).

The question, therefore, is not whether women are choosing between so-called local, 'traditional' care on the one hand, and globally-defined, 'modern' technology, on the other,<sup>10</sup> but how women and communities are developing, interpreting, reshaping what is considered modern and desirable. From this perspective, people's participation in reshaping dominant discourses on sexual and reproductive health becomes visible. What is presented at the state level as desirable is (re)negotiated and (re)shaped across multiple scales depending on social contexts. Gender, class, caste and religion play important roles in women's care-seeking behaviour. In the next chapter, Chapter 4, I

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<sup>10</sup> In researching women's reproductive health, there is danger in trying to 'understand' local conceptions of wellbeing. Attempts at translating socially-specific knowledges so that they may be classified and managed by health professionals further serves to disconnect local beliefs from local experiences (Pigg, 1997). As Unnithan-Kumar states "this development practice results in widening the gap between planning processes and local realities, at the same time as presenting the development exercise as authoritative and beyond reproach" (2004: 12). Instead, along feminist epistemological lines, women's own perceptions and experiences of wellbeing must be recognized as valid knowledge which may be able to complement existing biomedical information on SRH.

focus on the social and spatial constructions of gender in Daultabad Village and the ways in which these gendered norms shape women's sexual and reproductive choice.

Following the work of various feminist authors, I present female bodies not simply as objects of specific health, gender, sexual, nationalist, patriarchal discourses but as subjects using their bodies in multiple ways, not only in response to said discourses but in the reproduction and re-scripting of them. Underhill-Sem argues that the body must be understood "as simultaneously a site of inscription and struggle but also as socially constructed and known by how it 'performs'" (2003: 13). In the following chapter, I explore women's various negotiations of sexual and reproductive health in Daultabad Village. It is here within and against the patriarchal norms of the village that women use their (and sometime others') bodies to navigate the gendered norms that situate them as women and shape their SRH options and intentions. The performances of women, where contested bodies are used in ways that subvert dominant SRH discourses, are highlighted to demonstrate the ever-changing relationship between the state and body, nation and body, and village and body.

# Chapter 4: Using Bodies

## 4.1 Introduction

This chapter examines the ways in which women in Daultabad Village use bodies (theirs and others') to negotiate the sexual and reproductive health (SRH) options available to them. In presenting my qualitative research with a specific group of women, I aim to highlight the ways in which women are not only situated within an increasingly nationalist and modernizing state called India, but also located within the space/place of Daultabad Village. While women used their bodies in ways that at times flouted and at times reinforced the SRH expectations of the nation-state, their actions occurred within, around and against the spatialized gender norms of inside versus outside-the-village.

For the women I interviewed, gender and sexual discourses in the village shaped their SRH options, desires and strategies. While the national policies of the 'emerging' state of India construct a monolithic notion of 'Woman' and produce specific SRH options for women, the ways in which the state affects women's bodies varies across time and space. Not only do different services exist for different people in different places such that access to SRH care and dis/incentive policies are spatially variant, so do are prevailing gender norms. The space of Daultabad village is a place of specific notions of gender roles, expectations and norms that stand in contrast to what women voiced as the changing, urbanizing imagined geography of 'everywhere else.'

As a geographer I was particularly interested in the constant articulation of this spatial gender distinction. As discussed in Chapter 2, women made clear distinctions between what was considered appropriate for girls and women inside-the-village versus outside-the-village. When I explained to Parvati that I lived unmarried with a man and that he cooks and cleans with and for me, she was at first uncomfortable, but then declared "you can't do this in the village. You do this in the city" (Interview 111, August 26). Consensus surrounded what was considered appropriate gendered attire, behaviour, work, mobility and so on inside Daultabad. The village not only occupies a physical location and space, but co-constitutes gender norms. Specifically, I explore the

village as a place that defines and enables particular gender norms and expectations and reactions to and/or performances of dominant SRH discourses.

Bodies become tools in the negotiation of sexual and reproductive health (SRH) intentions. As Van Hollen (2003) shows, despite the global prevalence of biomedical models of reproduction and the biomedicalization of birth in India, these trends are not hegemonic. In her research, women make choices between various birthing models. In Tamil Nadu she illustrates how local traditions are combined with biomedical models to produce unique birth rituals specific to women in and around the city of Chennai.

In Daultabad Village, women also negotiate existing gender and SRH models. They negotiate and subvert the options available to them by using their bodies. Women move themselves away from arguments, unwanted sex and pregnancy, or devise ways to move towards what they want such as fertility, abortion, or sterilization. People use various techniques or strategies in order to achieve the reproductive intentions or desires they are striving for. Despite being similarly positioned as wives and mothers in one place, the following interview data illustrate a diversity of responses.

In terms of birth control, women I interviewed, abortion, sterilization, intrauterine device (IUD) and breastfeeding were most cited as methods used to space children and/or limit fertility. In a similar vein, bodies were physically rearranged to de-sexualize the body and or room. Women sought sexual refuge at parents' and/or brother's homes and invited children and/or female relatives to stay with them, requiring men to sleep elsewhere. In terms of fertility enhancement, spiritual healers, midwives and private doctors were sought out in combination with prayers, fasting and other ceremonies. In terms of negotiating conflict with in-laws, women strove to balance the passiveness that was expected of them with their desire to revolt against any demands that ran against their own SRH intentions. 'Keeping quiet' and 'leaving the room/house' were strategies that enabled women firstly, to not consent to unattractive demands and secondly, to negotiate power by disengaging with an authority figure. As well, bodies were sites inscribed with the markings of marriage, such as jewellery and attire, and the sexual discourses around women's pregnant bodies. I can not in any way untangle and categorize all these SRH strategies as more or less effective because they were often used in combination with each other and will, of course, vary from woman to woman.

## 4.2 Bodies in Everyday Negotiations

Without trying to comprehensively define all aspects of the gendered expectations for women in the village, I will go over two that were continuously articulated to me. Firstly, all women are expected to get married. Secondly, all women are expected to bear children for their family (husband and in-laws). For the women and girls—the mothers, grandmothers, sisters, daughters or aunties—I spoke with, there were no other options outside this heteronormative model. Only a few families pushed the boundaries of this marriage imperative by stating that they were not going to marry their daughters until after they graduated from high school, despite pressure from in-laws (Padma, Interview 101, August 17; Miskeenah, Interview 131, September 12; Interview 140, September 14). In fact, I had to phrase my questions specifically, never asking ‘if you get married’ but always saying ‘when you get married...’ or ‘when your daughter marries...’ Similarly, it would have been rude of me to ask ‘if you have children, what education would you like them to have?’ To suggest any doubt might be construed as ill will. All women agreed that it was their duty as a wife and their own personal goal to have children. Madhu explained in absolute distress and exhaustion that she had fibroids and that despite four operations had been unable to conceive during eight years of marriage.

I want to have a child. I need to get a mother's respect. My husband is good, he supports me and doesn't mind about having no children and even says we can adopt but this won't be the same... they will be like my brothers and sisters... I won't get a mother's respect. (Interview 139, September 14)

Madhu said her mother-in-law and father-in-law continually tormented her for being infertile. Miskeenah described being pregnant saying “when we are in our in-laws house there is a feeling of pride that we are giving birth to the next generation. We are fulfilling our duty” (Focus group, Interview 100, July 29). According to Miskeenah, “women must have kids and they must work harder than the men” (Interview 131, September 12). When I asked Parvati if I would be happy even if I did not marry she replied “you won't get that happiness that you get when married” (Interview 137, September 14).

Women were not only required to bear children, but to have at least one son. Indeed, every married woman I spoke with besides Madhu who was unable to conceive had at least one son. Ahimsa, who sadly related years of miscarriages, had one eleven year old son which she had conceived with the help of fertility treatments (Interview 121,

September 5). She had 11 pregnancies which had all failed by the third month and had seen a local healer, various dais (midwives). She finally conceived after seeing a doctor who gave her an injection for Rs. 1400 (approximately \$41 CAD), a steep price for a poor family. Annapurna who had born 11 children, nine of which still lived, had spent much of her married life pregnant trying to have sons. She now had seven daughters and two sons. At age 35 her youngest child was a one and half month old girl (Interview 104, August 18; Interview 128, September 7). As discussed in Chapter 1, the requirement that women bear sons is a common expectation across northern India. Annapurna explained “I’ve had too many kids because I had daughters and needed sons. My family and husband insisted that I keep trying for a son” and that “until I had two boys I was pressured by my mother-in-law, neighbours, to have boys, even after I had one they said you must have two just in case” (Interview 104, August 18).

In a later interview she also emphasized the need for a daughter, saying “a family isn’t complete” highlighting that a daughter was needed to tie the ribbon on her brother’s wrist during the festival of *Rakshan Badshan*. It is important to note that this is a ceremony in praise of sons and that there is no corresponding tribute by sons to daughters. Sons are clearly privileged in Daultabad Village. Parvati was raising her deceased daughter’s ten year old girl. She explained that “she had a son and he stays with her in-laws. She had a daughter and she stays with me” (Interview 116, August 30). Her son-in-law and his family literally kept the son and discarded the daughter. While custom may point to son preference, however, most women agreed that they preferred their daughters because they believe them to be more helpful and better behaved.

#### **4.2.1 Abortion**

“My husband took me to a doctor and he said ‘it’s a girl’ so I had an abortion. My husband and I both didn’t want another girl, so I had a private abortion” (Interview 104, August 18) explained Annapurna of her twelfth pregnancy. Having and not having babies is a strategy for fulfil the role and expectations of women. According to Padma, “lots of women get abortions” in the village (Interview 101, August 17). Both medical abortion (pills) and vacuum abortion can be used but the former was more commonly cited by women. Dilation and curettage (D&C) can be used as an abortion tool with or without a family’s knowledge. Parvati explained she had once gone for a cleaning to terminate a pregnancy (Interview 152, September 19). According to Padma, both she

and her husband agreed she should have an abortion. They had two girls and a son and were still grieving over the loss of their fourth child, an eight-month old daughter. "First we tried to take medicines to abort but that didn't work. The lady doctor prescribed the pills and did the D&C" (Interview 101, August 17). D&C is also an accepted procedure to cleanse the womb of a miscarriage and any 'badness' inside. It is seen as a ceremony of cleanliness and purity for women and their families.

Abortion pills and tonics had varying levels of success depending on whom I talked to whereas operations were entirely successful, if somewhat dubiously performed. Annapurna was taken by her husband to have an abortion at a private facility. After a bit of prodding she explained "it was some room...in a small shop" and "there was no doctor" (Interview 128, September 7). It may be difficult for women to access operations without a husband's or family's knowledge because women require male accompaniment in order to travel outside the village (forthcoming). Gayatri wanted a small family and managed to access both abortion and sterilization services in Gurgaon without her husband knowing. After having two children she attempted to abort successive pregnancies.

I went twice for an abortion but the doctor said it was not possible because I was too weak. This same doctor gave me some pills to lose the baby but they didn't work. I went to this doctor without telling my husband. (Interview 102, August 17)

Those who had abortion operations all went to private facilities. Many commented on their lack of trust or the poor treatment they would receive if they went to a public, government hospital. As Gayatri stated, "the public hospitals, they are government run, they don't treat me properly" (Interview 102, August 17). She described having to remove her mother-in-law from a public facility and take her to a private doctor because "the government hospital is understaffed and you can't get good care there. They have no time for you...they are rude...not nice to people" (Ibid.). Even though the costs of treatment were more at private facilities, they were preferred because they were seen to have better treatment, more professional care, show more respect and be more discrete. "Yes, private is more expensive, but I am scared of the government hospital" (Interview 101, August 17) said Padma, who paid Rs. 1200 (approximately \$35 CAD) for a private abortion instead of accessing a free public service. On the flip side, Miskeenah, who suffered from cervical cancer, and her husband could not afford private facilities for the specific treatment she needed and travelled for 5 hours by train each

Saturday to and from the public Safdarjung Hospital in New Delhi for treatment (Interview 131, September 12). Many women referred to a private clinic close by run by a woman doctor that they had used for abortion, delivery, CT scan (computed tomography or CAT scan), and fertility treatments. Whether or not this is a legitimate, authorized business and what credentials the doctor has are uncertain. No one complained of the treatment they had received except for Sarasvati, who was upset that her cramps and what she described as a womb that has “dropped” had been left undiagnosed by the “lady doctor” (Interview 117, August 30).

Abortion is legal in India but it requires the signature of husband and the consent of a doctor. Ultimately, the couples is supposed to prove contraceptive failure in order to have a free, government sponsored, induced abortion. These obstacles combined with the distrust of public facilities and personnel drove some women (and men) to private facilities. As Padma put it “you go to who you know... my husband worked on building her house so he asked her and she arranged it” (Interview 112, August 26). Other women also used this “lady doctor” (Interview 101, August 17). Discretion was more guaranteed in private facilities. The accessing of private abortions not sanctioned by government regulation is common in India. As stated above, Annapurna and her husband went to an unsanctioned facility or “shop” to abort a female foetus after a CT scan (Interview 128, September 7). They needed to produce a son. In subverting state law, they comply with village gender norms where women must produce a male heir. Devi tells me that “many people go and get [D&C] done after they have a CT scan” (Interview 151, September 19) but besides also hearing this from Padma, I was unable to confirm the information. Alternatively, some may access an illegal abortion but comply with small family norms purposed by the state. Whether a woman is complying with the state’s two-child norm or in fact strategically limiting her family size to one son and one daughter, or two sons is unclear.

#### **4.2.2 *Hum Do Hamare Do (We Two, Our Two)***

Women in the village stated that with fewer children they could provide better education, food, and care for them all. In retrospect, women’s statements that they wished to have smaller families and educate their children, including daughters, is in line with P. N. M. Bhat’s (2002b) analysis which suggests illiterate families with small incomes were beginning to make quality-quantity tradeoffs in fertility planning, aiming to



reap the benefits from educating their children (See Chapter 1). "We didn't want another child because everything is so expensive" (Interview 105, August 24) said Sita. She explained,

I look at the perfect families on posters. A small family is happy. If I had less kids I could send them to a private school but now I don't so they go to a public school. The private school gives you a good education.

Similarly, Padma believed that "two, a boy and a girl" was the ideal number of children. She said "if we have more kids we can't give them proper food and an education" (Interview 101, August 17). Recitations of government propaganda can be interpreted many ways. People may be touting the sanctioned government line on small families, however, many women stringently regretted having had 'too many' children and were openly anxious about their inability to provide for them in terms of food and education. These women truly believed that 'Two is Best.'

Gayatri had four children but thought that two would have been better. When I asked why she said "a small family is a happy family" (Interview 102, August 17). I pointed out that this was a government family planning slogan and she replied "*Hum do hamare do*" which means "we two, our two," another catchphrase. While many women quoted government slogans regarding population control and stated that two children was the optimal number of offspring to have, this sentiment was not shared by everyone. Purvaja was proud to have five children and had decided to be sterilized after her last birth. She had three girls aged eight, six and one and two boys aged five and three. When I asked her if she felt she had too many children and whether she had more children than other people she knew, she cunningly remarked "No, I am happy! Do you think I have too many kids?" (Interview 123, September 5) rightly pointing out that it was none of my business and perhaps not that of the state as well. Indeed her in-laws were proud of her and extended her a high degree of independence compared to other women I spoke with.

Purvaja's apparent choice to have five children differed from the trend among 20-something women I spoke with who all expressed a desire to only have two or at the most three and who had two to four children at the most. The women in their 50's and 60's had had much large families. According to Kali who had nine children,

I wanted to have only 2-3 children but my mother-in-law and her family said 'No! You must have more, you need more sons and now look, there

are too many children. How can we feed them? I did not know this would happen. If I had had fewer then we would all be happy. (Interview 147, September 15)

Kali has seven grown daughters and two grown sons. One son and five daughters are married. Now suddenly an aging widow with debts of over Rs. 85,000 (approximately \$2500 CAD) she must find some way to marry her remaining son and two daughters (Interview 124, September 5; Interview 147, September 15). For the younger, 20-30 year old women however, smaller families were becoming the norm and many explained that both they and their mother-in-law had agreed there were enough children. The intention of 'just have two' however, was often thwarted by the need to 'at least have two sons.' With three girls and a boy, Devi says she does not want more children but is butting heads with her mother-in-law. "She tells me to have another child, especially a boy. I have one son and she wants me to have at least two", she explained (Interview 115, August 30). When Baka, an elder neighbour came by she also started scolding Devi saying "do not have the operation [Devi], have another son. You only have one son, who will look after you when you are old?" (Interview 114, August 30). Sarasvati also wants to be sterilized to ensure she has no more children and is distressed because her husband wants to have two sons. She says "I will convince him that we can give a better education and food to two kids" (Interview 117, August 30).

For other women like Ahimsa, who had one son after multiple miscarriages, limiting family size was not a concern (Interview 121, September 5). Similarly, Padma was scolded and mocked by her in-laws.

My mother-in-law was angry because I wasn't producing for the family...hadn't produced any heirs... that was my duty after marrying into the family. I was happy not to have any children for some time...to delay...but then I was happy to go to the doctor because I began to worry I wouldn't be able to have any children. The doctor gave me one week worth of powders and I conceived within one week. (Interview 112, August 26)

According to Padma, her sister Devi had required similar medicines to conceive a son after giving birth to three daughters. After having three surviving children however, Padma said she began using various methods including condoms, an intrauterine device (IUD) and had had an abortion to limit her number of children (Ibid.).

To what extent the prevalence of a smaller family trend is facilitated by the government's provision of free sterilizations is unclear. Furthermore, financial incentives may be influencing norms. The women who said they had accessed sterilization operations at the public hospital in Gurgaon, the regional, urban centre, received compensation in the way of several hundred rupees each (Rs. 200-500 depending on who I talked to).

### **4.2.3 Sterilization**

Gayatri did not realize that she would be getting money along with her free sterilization and was delighted that she did (Interview 102, August 17). Sita and Purvaja also received money for undergoing free sterilizations in the government hospital (Sita, Interview 105, August 24; Purvaja, Interview 123, September 5). The women were especially proud because the money was given to them and they were able keep it for their own use. Everyone stated that it was their choice to get sterilized and they were not coerced. Women explained that they had had all the children they needed and therefore went for the free operation. "After I had three sons, I thought, I want a daughter so I'll have one more and then the operation [sterilization]" (Interview 103, August 18) said Sita, who did in fact have a girl. On the other hand, some women were not eligible for a free sterilization operation, such as Annapurna, who had already had 11 children. The incentives are meant to stop families from having large families and hence are not given to those with already 'too-big' families.

In accessing these free, government-sponsored operations, women were complicit with state goals to limit family size, but sometimes working against the husband and/or in-laws wishes for more children. "I went to the doctor without telling my husband" said Gayatri (Interview 102, August 17), "while he also wants only two children, he does not agree with taking pills or the operation." Others felt that fertility was 'in god's hands' (Ahimsa, Interview 121, September 5). Annapurna stated that "children are god's gift... it's out of our hands" but also explained that she and her husband had intentionally aborted a female foetus (Interview 104, August 18). Sita said that her mother-in-law had agreed that there was no need for more children and that she should have the operation (sterilization). According to Sita "my husband doesn't know about this" (Interview 103, August 18). Sarasvati desperately wanted to be sterilized as she was traumatized by her first two labours and now suffered from some undiagnosed pain

in her uterus. When I asked her how she would get the operation, she said she would get her sister-in-law's family to help (Interview 117, August 30). Her sister-in-law, Aishani, and her husband lived in another village and that one of his brothers and sister-in-laws would be having a baby. Her plan was to go there to help with the newborn and somehow get them to help her.

Only one woman, Baka, said her husband had had a vasectomy (Interview 114, August 30). All other women agreed that it was the women who should be sterilized. When I asked sisters Devi and Padma whether their husbands would consider having a vasectomy, they unanimously stated "no!" (Devi, Interview 146, September 15). Padma said "whatever has to be done, we will get it done. We also tell them not to get it. They have to lift weights and work hard so it is not good for them." (Interview 144, September 15). Parvati agreed that "men can't get it [vasectomy] done because they have to work" (Interview 111, August 26).

As mentioned in Chapter 1, women's activities in and around the home were conceived of in terms of duty whereas men's activities outside the home were considered work. Women constantly devalued their own work as unskilled. Many were, however, aware that their families were entirely dependant on them. When I asked women what their husbands would do without them, they all laughed, commenting that their husbands would not be able to manage the household chores and cook for the family (Annapurna, Interview 104, August 18; Sita, Interview 105, August 24; Miskeenah, Interview 129, September 7). On the other hand, Varuni said her husband cooked and ran the household when she was busy (Interview 119, August 31). According to Parvati, "now girls are doing well. They are having good lives, doing well in life and sometimes even better than men. We can look after the house *and* go outside now" [emphasis added] (Interview 125, September 7). Parvati was also adamant, however, that she did not want to work outside the home. She explained that

Women are more compassionate than men. Whether they go out and work outside the house, they will always look after their kids. Even if they are hungry they will feed their children. So, women will do both jobs. Men won't do this....You never know about men. (Ibid.)

Similarly, Matrika stated "we don't like women going out working. The goddess Laxmi [goddess of wealth] can watch over us. Women should be kept at home not *sent* outside" [emphasis added] (Interview 109, August 26).

#### 4.2.4 Intrauterine Devices, Condoms and Pills

Intrauterine devices (IUDs) were often encouraged at hospitals after births and abortions among the women with whom I spoke. Both public and private doctors felt it was necessary for women to limit their fertility. Padma related that her female, private doctor told her that a Copper-T IUD would make her feel stronger (Interview 101, August 17). Indeed when I was first looking for a research community, I sat with a senior nurse in a charity hospital in New Delhi and listened to her berate women for not being reckless with their health and fertility by using any contraceptives at all (Durga, Interview 99, July 10). One woman had to have her IUD privately removed because her doctor would refuse to do so (Nitya, Interview 134, September 1). In one scene in the Indian documentary *Something Like a War* (Dhanraj, 1991), a mother describes how she had to remove her daughter-in-law's IUD herself because it was causing excessive bleeding. They had begged the doctor to remove it twice over several months but he had explained that it was better for her to put up with the pain than to have more children.

Some of the women had temporarily used condoms and/or pills. Padma and her husband had unsuccessfully tried using condoms after their fourth child (who died at 8 months) was born (Interview 101, August 17). Annapurna said she had used oral contraceptives for six months then stopped. She said the pills had no side-effects, but were too expensive (Interview 104, August 18). As many women pointed out again and again, they and their families were dependent on "daily wages" (Purvaja, Interview 123, September 5; Sandeep, Interview 145, September 15; Venya, Interview 142, September 15). There may not have been sufficient income for many people to consistently use these methods. While she originally denied using any birth control, Devi suddenly admitted that she had been taking birth control pills for four months against the wishes of her husband and mother-in-law because she was trying to wean her three year old son (Interview 115, August 30).

Another reason for the rare use of pills and condoms could be the changes to the local health programs. Women explained that the Anganwadi no longer provided them with daily contraceptives. The Anganwadi, a local woman, used to be charged with the responsibility of visiting each woman in the village to discuss SRH, provide contraceptives and/or accompany women to a doctor. Now, women in Daultabad explained that they had to walk to the chemist in the next village to get pills and/or condoms. The Anganwadi had previously provided the much-needed privacy around

issues of contraception and fertility by visiting each house in person. Now the women had to leave the home to seek out advice and contraceptive technologies.

#### **4.2.5 Breastfeeding**

Breastfeeding was one accessible method of birth control used by women that did not require a trip to the chemist or doctor. Continuous breastfeeding as a fertility suppressant is a visible use of the body as a tool. According to the Planned Parenthood Federation of America (PPFA, 2006), continuous breastfeeding, also called lactational amenorrhea method or LAM, is extremely effective when compared to all other methods. "Of 100 women who use LAM, two will become pregnant in the first six months with typical use. Fewer than one will become pregnant with perfect use" (PPFA, 2006).

Purvaja said she never used any methods of birth control but breastfeeding. "When breastfeeding I did not get pregnant, but when I stopped then I got pregnant" (Interview 123, September 5). The strategy of using breastfeeding to control fertility, however, was not always straightforward. While Devi had breastfed her three daughters for two to two and a half years each, her son was now three years old and refusing to wean. What was initially intended as a birth control strategy became a way for her son to control her. Her son's own strategy was to threaten his mother. According to Devi, "he is very persistent. If I do not feed him then he tells me he is going to tell his father and that my husband will beat me!" (Interview 146, September 15). The son's blackmailing reflects his early incorporation into a gender-based household where inequality privileges men over women and where masculinity may be violently materialized. Additionally, the son is exercising his privileged status as son in relation to his three older sisters and controlling his mother's body with the suggestion that he has the right to her. "He won't let me stop" said Devi, and "we won't discipline him because he is a boy. I scold him but not like the others [her daughters]. He is the only son" (Ibid.).

#### **4.2.6 Arranging Bodies: De-Sexualizing Space**

Other methods of fertility control involved avoiding sex. This might be used in conjunction with calendar methods, counting days between ovulation and menses. But, it also involved an arrangement of bodies that would either enable sex or sexuality or deny it. Having born five healthy children, Purvaja returned to her family home to be

sterilized (Interview 123, September 5). The decision was agreed upon by her and her mother-in-law, not because her husband or any one else were against the operation, but because they agreed this would give her time to rest. As her mother-in-law told me, “for two months you aren't supposed to have [sexual] relations so she was spared of this” (Matrika, Interview 148, September 19). Going home to your parent's house for many can be a break from the sexual advances of a husband and the daughter-in-law expectations of the in-laws. This shifting of spaces enables a change in roles from the reproducer-wife to the asexual daughter, a transition that seems contradicted by the very presence of children and breastfeeding.

While many women would return to their family homes for periods of rest some did state that they only returned once a year or less. Gayatri (Interview 102, August 17), Sita (Interview 105, August 24) and Lalasa (Interview 143, September 15) said they preferred their in-laws homes. Matrika (Interview 109, August 26), Saroj (Interview 146, September 15) and Varuni had their own homes now. Others wished to return but could not for various financial and logistical reasons (Annapurna, Interview 104, August 18; Sarasvati, Interview 117, August 30; Annapurna, Interview 128, September 7; Madhu, Interview 139, September 14). Obviously, the family home is not always a safe space for women. While I can find no figures for communities like Daultabad, Recovering and Healing from Incest (RAHI), an Indian NGO, surveyed middle and upper middle class women in the Delhi, Mumbai, Bangalore and Chennai and found that “76 per cent of them had been sexually abused as children. More than 40 per cent of these were survivors of incest” (Between Memories and Forgetfulness, 2002).<sup>1</sup> As well, other forms of abuse may characterize the family home for women. Direct cases of abuse and incest were never discussed during any interviews, but statements by some suggested that violence against women did occur. For instance, Mumatz complained

the men in the village, they drink a lot and gamble and don't give money to their women and they beat them up—the kids and the women. They can go drink and eat out and there are times when we don't have anything to eat! (Interview 132, September 12)

Not all women needed to access their parental homes in order to abstain from sex. Nitya explained that she had recently undergone a hysterectomy saying, “my

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<sup>1</sup> The fact that India has yet to develop laws dealing with child abuse may have something to do with the lack of available statistics. According to Sairam Bhat (2004) “the India Penal Code 1860 does not recognise child abuse. Only rape and sodomy can lead to criminal conviction” (para 8).

husband looks after me, gets me fruits and doesn't have relations with me, so that is big on his part" (Interview 134, September 1). Devi said she can just say no and her husband "just gets angry and goes off to sleep. He'll go to the roof and sleep" (Interview 115, August 30). I asked if he ever tried to convince or bribe her in any way and she said no. She pointed out that although there were four rooms in the whole house, her entire nuclear family slept in one room. With four small children in the room she could control sexual activities with her husband. Her earlier statement about threats of beatings from her son may however indicate that domestic violence has occurred. Sarasvati explained that she felt obligated to have sex after a miscarriage even though her doctor has advised against it (Interview 117, August 30).

While many women could escape to their parental homes, one common barrier to the method was visible pregnancy. "When we are pregnant we never go home. Here with our in-laws it is okay. It is understood that you are with your husband" said Devi (Interview 146, September 15). Lalasa said

We are shy about it [visible pregnancy] in front of our parental family, but not in front of our in-laws because we have to get pregnant in our in-law's house. It is expected. It is expected that we share a bed with our husband. (Interview 143, September 15)

For Sarasvati "at our father's house, in front of our parents and brothers we are shy" (Focus group, Interview 100, July 29). The women in my initial focus group also agreed. The pregnant body highlighted women's sexuality as it clearly demonstrated their engagement in sexual activity. In this sense, pregnancy would affect women's mobility within the village as well. Many felt shy leaving the house while visibly pregnant and would make efforts at remaining inside in an attempt to fulfil the role of 'ideal woman.' As stated in Chapter 2, the ideal Hindu woman was seen as without-sexuality. In essence, women were trapped in their sexualized bodies until they gave birth.

#### **4.2.7 Dressing the Body**

Clearly, the hegemonic gender norms around the village play a significant part in shaping the identities of women in the village and indeed, they often presented themselves to me as 'ideal' woman. Particular, but not exclusive, to this village were norms around clothing and jewellery that portrayed marital status and behaviours such as covering the head and/or face in public or before elders. While women agreed with



each other about what 'Women' should do, say, and wear, their actions betrayed their comments. While women could clearly tell me what was appropriate for women inside versus outside the village, contradictions emerged that highlight the everyday transgressions of apparently rigid gender norms.

For instance, Rani told me in all certainty that a *dupata* scarf must be worn in the village, but when I smiled and pointed out that she herself was not wearing one she blushed and quickly scrambled to borrow one from a friend (Interview 106, August 24).<sup>2</sup> Similarly, the abandoned and assumed-to-be a widowed Venya explained that she lead a very cloistered life, rarely mingling in the village (Interview 142, September 15). In doing so she articulated the norms expected of a well-off, Hindu woman who does not have to go outside to fetch water, shop, or work in the fields and is kept free from the gazes of men and/or strangers. But the very next day, I found her sitting on the front steps of Sita's ramshackle house with at least 10 other women and children in full view of anyone passing by with her head uncovered. While the women I spoke with clearly articulated gender norms based on 'village custom,' they also openly disregarded those norms on a daily basis.

Attire is a significant determinant of your gender and behaviour in Daultabad village. A married woman had to wear specific clothing and markings. In this sense, 'Married Woman' is clearly performed with symbolic adornments such as the *sari*, *bindi*, marriage bangles, toe rings and in some cases a marriage necklace. These signs display wives as the sexual property of men. Only the married body can wear these adornments. It is important to recognize that National Population Policy (NPP, 2000) surveys focus on 'ever-married' women and not on women in general. Although 'women in general' is a problematic category, the focus on rights for married women highlights the denial of a sexual life for the pre-married and a corresponding absence of services for single and/or widowed girls and women.

While women are now pleased to display the bangles that they or their husbands have bought, Padma explains that it was initially embarrassing to wear them along with a *bindi* and toe ring (Interview 144, September 15). Sita related similar feelings (Interview 105, August 24). The transition from virgin girl to married, assumed-to-be-having-sex woman was articulated as awkward and stressful by many women. As stated above,

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<sup>2</sup> Note that a *dupata* is only worn with an Indian suit or *salawar kameez* which is a dress-like kurta top with baggy pants. When wearing a sari, the meter or more of excess cloth on one end of the sari is used to cover the head and/or face if necessary.

women were especially shy when they became visibly pregnant. As feminist scholars have highlighted, the pregnant body has typically signified feminine heterosexuality (Bordo, 1993) and bursting fertility and this is also true in the case of Daultabad. This sexuality and growing body conflicts with dominant notions of ideal femininity based on chastity and restraint (i.e. without sexuality) creating continuous uneasiness around women's pregnant bodies.

The pregnant body was also awkward for those women who had older, married children of their own. Annapurna said she was "still very shy" about her latest pregnancy because "now I've married two daughters off and have a son-in-law, I'm still getting pregnant" (Interview 104, August 18). Annapurna highlights a predicament faced by older mothers. While she has fulfilled her duties by having and marrying off children, she is obviously still having sex. This presents the community with a contradiction—that women might have sexuality beyond the act of reproduction. In the community's eyes, Annapurna and her husband should be abstaining or secretly using birth control. For this reason, Annapurna desperately wanted to be sterilized.

The women all agreed that only married women should wear *saris* while unmarried women can only wear the Indian suits (*kurta* dress top over baggy pants). Rani however commented that she had worn a *sari* to her sisters' double weddings<sup>3</sup> even though she was an unmarried girl. She commented that her father had been upset. "My father said to me, please go take that off because you look so old that I will have to marry you off" (Interview 122, September 5). When I questioned this subversion of clothing codes, Rani quickly amended the rules stating that it was okay for her to wear a *sari* because of the special occasion. Not all married women are required to wear a *sari* all the time, but they were expect to wear a toe ring, *bindi* and bangles. Some women also showed me their marriage necklaces.

When I asked what would happen if a woman walked outside without wearing these marriage adornments, Sita explained that "people will talk. They will saying you are fighting with your mother-in-law and husband" (Interview 105, August 24). According to Padma, a mother-in-law stops wearing a *bindi* when their daughter-in-laws move in (Interview 144, September 15). Quite clearly, the guidelines for women could and were

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<sup>3</sup> To save on the cost of large and often elaborate Indian weddings, which are important indicators of status, the family of the bride sometimes matches two daughters at once and holds a double wedding. Aishani and her sister were married into two different families in a joint ceremony and Devi and her sister Padma were married to two brothers.

continuously subverted. As Padma explained with a smile, "people keep saying to [my mother-in-law] that she shouldn't wear [a *bindi*] now, but she doesn't listen" (Ibid.). When I asked Rani, Parvati, Padma and Matrika why men wore undershirts and shorts in the streets and women covered up, Parvati said "we like it because we live in the village. We can't wear what men wear" (Interview 111, August 26). Padma explained that "if we saw some [woman] wearing this we would think they are shameful. We see a woman scantily dressed we don't like it. We don't feel it is strange for men to dress this way though" (Interview 112, August 26). All of the women present at the time agreed that women should cover themselves to guard their bodies from men's attention.

Kali's husband had lost a long battle with cancer only a month or so before I spoke with her (Interview 124, September 5; Interview 147, September 15). She cried when explaining how terrible it was to remove her necklace, toe rings and bangles. Now she would visibly be cast as a widow. While media, including Deepa Mehta's film, *Water* (2005), highlight the negative treatment of widowed women in India, and statistics do suggest systematic discrimination leading to death in some parts of the country<sup>4</sup>, Kali said she was treated no differently by her neighbours (Interview 147, September 15). Likewise, Venya, who had been abandoned by a presumed-to-be-dead husband, told me how well her sons looked after her (Interview 142, September 15).

During our interview, Venya was confident and happy, as we sat in chairs practicing her English, but quickly became submissive when her oldest son and an elder male relative came home and retired to the living room to talk. She covered her head and face, excused herself and sat on the floor behind the sofa they were sitting on. She performed the obedient woman to her son and male-relative but also deliberately positioned herself to overhear the conversation. The strategic performances of 'womanhood' are similar to the strategic playing of Tamil or Sinhalese identity that Hyndman and de Alwis (2004) highlight in their Sri Lankan research (see Chapter 1). Like Venya, Sita also openly contradicted herself. While she proudly declared "I can go alone, that is okay" (Interview 105, August 24), suggesting she was able travel from the village to see friends and family whenever she wished, later during a second interview, it

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<sup>4</sup> Widow's Rights International writes "in India a study of women over 45 found that the mortality rates are 86 per cent higher among widows than among married women" (2005: para 6). For more information on the marginalization of widows see Amis and Kumar (2000) for a study on the social, economic and institutional impacts of rapid urban change in the city of Visakhapatnam as they pertain to various groups including widows; Lamb (1999) for a comparison between the challenges faced by women widowed at young versus older ages; and Agarwal (1998) for an analysis of widow property rights and a reconceptualization of the category 'Widow.'

became clear that she could only go as far as the local chemist who is not an authorized pharmacist, but a peddler of various medicines. In order to leave Daultabad Village she would need male accompaniment.

Women's mobility was constrained by a number of things. In addition to pregnancy, women often had to cover themselves when moving through the village or even within their own homes when men are present. Women said they had to cover their head and faces whenever strangers approached or in front of unmarried men. This meant balancing an urn of water probably 10 or more litres full back from the well, through the fields and across the uneven roads of the village barely able to see through your *sari* or *dupata*. Sarasvati would cover her head each evening as soon as her father-in-law returned from work (Interview 136, September 14). According to Parvati, he stands outside the gate and coughs each night, signalling to her and her daughter-in-law, Sarasvati, to cover up (Interview 137, September 14).

Aishani on the other hand pointed out that she did not need to cover her head in Parvati's house. She was Parvati's daughter and, although married to a man in another village where she had to cover her head "even alone with women...to show respect to the elders" (Interview 138, September 14), she did not have to do the same as a daughter in Daultabad. Sita explained "you must cover your face out of respect for elders and for your husband... not because we are shy. We know everyone in this village, there are no strangers!" (Interview 103, August 18) Matrika explained that "women always wear the *dupata*. It covers you" (Interview 109, August 26), gesturing that the scarf is used to cover women's breasts.

#### **4.2.8 Male Accompaniment**

Another constraint on mobility and whether women could access legal, illegal, private or public services was the necessity for male accompaniment. Aishani was only able to visit her mother and father because her uncle had picked her up and brought her there on motorcycle (Interview 138, September 14). Gayatri's chaperone into the city on the day I interviewed her was her 14 year old male cousin by marriage. When Ahimsa's sister-in-law came to visit, she came with her husband. Parvati highlighted that "times have changed" and that when she was a girl, women were kept home and girls did not attend school (Interview 125, September 7). Now, in the village, women are permitted to

move freely from house to house, to the fields if they have one and to the well to collect water. To leave the village, however, a man or young man must be with you.

Lalasa, who is expecting, explains that she will soon go for an ultrasound to make sure the baby is healthy (Interview 143, September 15). She explains that either her husband or brother-in-law will accompany her. As Miskeenah explains “they [men in the village] don’t let women go out to work and if we go out we have to go with men. They don’t like us going out at all” (Interview 131, September 12). Her daughter Mumatz told me out right “you must tell everyone in the village to send their daughters to school. They don’t here” (Interview 132, September 12). While I had been encouraging young girls to study hard if they were in school or at least to attend the free Life Skills Classes run by the Sant Nischal Singhji Foundation (SNSF), Mumatz’s declaration did lead me to bring up the topic more regularly.

As Padma’s husband, Sandeep, explained, “it is not good for women to out” meaning outside the village, because “you don’t know what people are out there” (Interview 145, September 15). Padma wants to go out and work and help her husband by contributing to the household income, but he is worried about exposing her to unsavoury characters. “We don’t trust anyone in the factory” (Ibid.). As Rani says, “nobody is going to let us go out and work. I will just have to do house chores” (Interview 127, September 7). This is her rationale for dropping out of school. But a few minutes later she says “by example we see other women doing well and getting money and it encourages us to educate our daughters.” Parvati, who one moment tells me that girls should only learn to cook and keep a house, agrees that “by example, we see women with skills who can work and then we think we can do the same” (Interview 125, September 7).

In comparison to women, both Rani and Parvati agree that men were more able to do whatever they wanted (Interview 125, September 7). As Rani frustratingly declares, “they can go where ever they want. They tell us that they go to work, but maybe they just go anywhere... not to work! How do we know?!” (Interview 127, September 7). In a bizarre reversal of gender norms, Matrika asked me to take one of her unmarried sons with me back to Canada (Interview 148, September 19). Here, my position as a rich foreigner out-weighted my position as a woman and it was recognized that this young man would require my accompaniment in order to travel and not vice versa.

#### 4.2.9 Avoiding Conflict, Negotiating Space

While women may not have been able to leave their village alone, some said they could leave the house and go to their fields, the well or to one of the few local shops. But they are still monitored by watchful eyes and wary of stepping out of place. Padma said

Both my mother-in-law and father-in-law watch over me and ask... they want to know where I'm going. I always tell them when I'm coming to talk to you, but I don't tell them if I'm going out for water or something. (Interview 108, August 24)

Padma would take advantage of this limited mobility and leave the house to avoid any disputes with her in-laws. "Even if they say things, I avoid them. I don't talk much. I avoid conflict" (Interview 108, August 24). Sarasvati, who is told by the doctor not to lift anything heavy, continues to go out and collect water and working the fields. She says she does this because it is her duty as a daughter-in-law and that her husband or mother-in-law might think she is trying to weasel her way out of work (Interview 117, August 30). In order to avoid any conflict and garner favour as a good wife and daughter-in-law, she keeps quiet. Similarly, the women who accessed abortions, medications and sterilizations without the knowledge of their husbands and/or in-laws took the necessary steps to fulfil their SRH intentions.

When I asked Gayatri how she keeps a sense of wellbeing she stated

I keep harmony in the household. I remain peaceful and loving. My husband is short tempered so when he speaks with anger I don't answer him back. He is very short tempered but I just keep laughing and he says 'don't laugh' in front of me and I just keep laughing until he is quiet. (Interview 102, August 17)

Diffusing and avoiding conflict and keeping harmony in the household was continuously reiterated as a means of achieving wellbeing, including overcoming disagreements on topics of SRH. Padma tells me "My mother-in-law is short tempered, always snipping at me. She doesn't work at all at home. I cope by not talking to her. I don't respond to her complaints and cries" (Interview 108, August 24). As Rani explained, when tempers fly you must give everyone a cold glass of water from the ice box to calm them all (Interview 100, July 29).

As stated above, the acts of 'keeping quiet' and 'leaving the room/house' were strategies that enabled women firstly, to refuse unattractive demands, and secondly, to negotiate power by disengaging with an authority figure. Going to the well was a relief to many women as the unequal power relations inside the household were temporarily displaced when women joined their friends and neighbours at the well. The village well lay approximately 150 feet from the village and was a space for women where they could talk privately about sexual and reproductive issues not normally discussed with mothers or mother-in-laws.

As discussed in Chapter 2, women spoke to each other through me. My presence as an outsider talking about sexual and reproductive issues opened the door for more open discussion on these topics. Padma (Interview 108, August 24; Interview 100, July 29), Devi (Interview 115, August 30), Sita (Interview 120, September 5) and Rani (Interview 110, August 26) all expressed embarrassment about discussing pregnancy, child birth, contraceptive and their husbands especially when elder women were around, but in fact were the most open with me. Sarasvati spoke to me about her desires to have a tubectomy but was clearly articulating her anxieties to her mother-in-law who was sitting with us at the time (Interview 113, August 26; Interview 136, September 14). To what extent my presence as a go-between diffused or aggravated tensions is unclear because I was never around afterwards to find out if conflict ensued. The fact that I was invited back into women's homes repeatedly over two months suggests to me that I was not mistrusted.

#### **4.2.10 Fasting, Praying and Performing Ceremonies**

Finally, and by no means least important, is women's fasting, praying and performances of ceremonies. Fasting provides a sense of wellbeing and is employed as a strategy for fertility among other things. As stated in chapter 2, fasting is a spiritual act meant to purify the soul or spirit. Fasting was combined with ceremonies and prayers for strength, fertility, luck and wealth. Indeed the Hindu women I spoke to said they felt strong when fasting and were excited about the upcoming *Durga Puja*. Parvati said "we will fast for eight days. Yes, I will feel strong despite my low blood-pressure. My daughter who died, she used to take just one clove and on *bastasha* [sweet snack] a day and be fine all week!" (Interview 135, September 12). Most of these women not only do

all the demanding household chores but depart the house each morning to work in their fields growing and cutting fodder for the one or two cows or oxen that they tend to.

According to Sita, “we pray every day... Then on the eighth day of each month we make special prayers with offerings of *pooris* [bread] and *halwa* [sweet dish] to Durga, the goddess.” Prayers and ceremonies are also used by some dais or midwives during delivery. According to Matrika, “when they first come into the room they make a prayer to the mother goddess” (Interview 109, August 26). Gayatri explained that “we pray for sons. I prayed and prayed for a son and had one, but then I prayed and prayed for a daughter and had two more sons!” (Interview 102, August 17). She also explained that she “prayed for [her] own health when it got closer to the birth of each child. Pregnancy is dangerous. As the saying goes, “a woman gets a new life after pregnancy” (Ibid.). Matrika explained this sentiment with the term “a second life. A rebirth for woman” (Interview 109, August 26). Because of particularly high maternal mortality rates, pregnancy and birth are dangerous events for women. Parvati explained that women were most likely to die within a week of giving birth than during the actual delivery. Her own daughter died six days after having a child (Interview 125, September 7). The concept of a ‘second life’ highlights the both the spiritual sentiments associated with childbirth and the position of women in society. Bearing children is seen as necessary burden and sacrifice women make for the family, community and nation.

When I asked Rani if she fasted, she said “it depends on the day. Each day is for one god. Tuesdays and Saturdays are for Hanuman [monkey god] and so only men fast on these days” (Interview 110, August 26). According to Parvati, women fast much more than men.

Women fast for their husbands, children, for peace in the family. Men fast for themselves. There are only two major festivals each year—one for Shiva and one for Krishna. Men keep these two fasts, whereas women fast sometimes each week.(Interview 111, August 26)

Parvati even pointed out that women fast when pregnant stating “yes, it is harder. When we fasted during pregnancy we would do the work and keep our fast too” (Ibid.).

### **4.3 Summary and Analysis**

This previous sections has demonstrated the ways in which women use their bodies in negotiating sexual and reproductive intentions. As these bodies are scripted



with social meanings of gender, sexuality, education and so on, I similarly have focused on the ways in which women use gender identities in negotiating sexual and reproductive intentions. Through everyday practices and ceremonies that demonstrate 'Ideal Indian Woman' attributes, women's actions (and inactions) highlight the performative (re)construction of gender and the female body.

In this chapter, I have presented research showing that the women of Daultabad actively perform *and* subvert governing scripts of gender, sexuality, reproduction, fertility, and so on. Women strategically voiced and enacted idealized identities with each other and with me, the researcher. As well, by not performing the very scripts they think are ideal, appropriate and normalized, they simultaneously act out and 'do' subversion. Indeed, feminist research shows that people use their bodies in ways that are simultaneously resisting and conforming. As Butler (1993) explains, people do not exist outside of social discourses and instead actually produce them by 'doing' them. The regulating scripts of gender are rewritten through reiterative performative acts.

In Daultabad, women present themselves as 'Ideal Indian Women' by talking about themselves in 'ideal' terms and performing many 'ideal' actions. Suggesting that they become the 'Ideal Woman' in the very utterances or actions of 'Good Woman' obscures the ways in which people intentionally present themselves to others. Here a differentiation can be made between the fluid subject formation of the individual doing gender and the re-enactment of a fixed gender script which regulatory scripts normalize. At the same time, the slippage between the script as fixed and the script been rewritten, serves to write in that moment a new, slightly different gender script. Women act in ways that are not 'Ideal Woman,' helping to slowly shift and unsettle dominant discourses on 'Ideal Indian Woman,' 'female body,' 'good wife' and so on. This is not to suggest that women voluntarily perform expected identities, but that the performance of expected, fixed gender identities as well as the disidentification and subversion of dominant discourses have strategic implications.

Butler (1993) and Goffman (1959) are not exclusive. Gender is enacted through reiterative presentations—gender identity is 'made' through multiple performative acts. As well, the regulatory script of gender or more specifically, 'Ideal Indian Woman,' becomes used in performances by individuals to negotiate SRH norms. The regulatory regimes are produced by performances à la Butler, but also, those regulatory regimes come to "expect certain performances from specific people" (Hyndman and de Alwis,

2004: 551). Those specific people strategically enact 'Ideal Woman' or some other gender (or other) identity constructs in ways that are individually productive, say in achieving reproductive intentions. Performativity theories by Butler (1993) emphasize the ways in which performances are largely unconscious and highly repetitive, while Goffman (1959) highlights the ways in which performances are strategically and intentionally used "by intentional agents in order to function in a given social context" (Hyndman and de Alwis, 2004: 550). The stories of women in Daultabad suggest that both theories of performativity may be useful in understanding how people negotiate their everyday sexual and reproductive lives. Similarly, in this place in India, as in others elsewhere, researchers need not apply an either/or singular lens to the multiple ways in which subjectivities are produced and performed.

The key point I emphasize is that while women are produced by Butler's 'regulatory fictions' of reproductive health, gender and sexuality, they are more intentional than Butler gives them credit for. Women are not ignorant of regulatory scripts and indeed are aware to varying degrees of what is expected of them vis-à-vis reproduction. Many wives, daughters, aunts and so on, strategically perform their version of "ideal Indian woman" sometimes complying with state and/or village reproductive discourse and sometimes subverting them. In this sense, they manage themselves according to the reproductive intentions or desires for which they are striving.

In the next and final chapter of this thesis, I explore the dichotomy of material versus social bodies and also the discursive construction of scales such as body, village, nation and state. Feminist scholars including Marston, Mayer and Hyndman problematize the ways in which scales have been socially constructed (Marston, 2000) and presented in political geography as nested and hierarchical (Mayer, 2004) and disembodied approaches to research on national and international political geographies (Hyndman, 2004; Hyndman and de Alwis, 2004). These feminist geographers foreground the scale of the body and highlight the everyday geographies of people. In this vein Marston (2000) emphasizes the scale of the household. Following her lead, I examine a similarly relevant scale of analysis, that of the village. In what follows, I analyze the intersection of three scales: bodies, village, and state.

# Chapter 5: Conclusion

## 5.1 Reconceptualising Reproductive Bodies

This thesis is in part a post-structuralist feminist critique of binaries. I problematize the idea of first versus third worlds—of developed versus undeveloped—which are translated into dichotomies of educated versus uneducated or empowered versus disempowered. My central concern in this final chapter is the positioning of ‘conforming’ versus ‘resisting’ as different categories in which to situate people. The static positioning of people as either/or implies a dichotomous problematic and is a denial of the multiple and changing locations of individuals vis-à-vis other individuals, groups, institutions and discourses. Furthermore, the notion of choice is problematized. Choice suggests that people can remove themselves from the discourses that produce and regulate them, and decide rationally upon options which are taken-for-granted.

In Daultabad, a persons’ body is not a distinct entity governable simply by rights but indeed shaped by the discourses of the state and the village. If the body is “known by how it performs,” (Underhill-Sem, 2003: 13) and the state and village shape and limit the ways in which bodies are used, displayed, and mobile, then the body is not a distinct scale, separate from state and village. Nor does the body exist simply as an object of the state and/or village, occupying a place beneath these scales or simply within these places. Instead, the village and state intersect in discursive ways at the place of the body.

Following Marston’s (2000) call for analysis that explores “the ways in which production of scale is implicated in the production of space” (219) and feminist calls for theories that examine the body, I have framed my analysis to explore how the scales of the state and the village produce women’s bodies as reproductive, controllable and passive. Marston argues that understandings of scale must “include the complex processes of social reproduction and consumption” (219). In terms of my work this includes looking at how the body, village and state are reconstructed and consumed by each other.

As stated in my introductory chapter, my aim has not been to try and measure the different impacts of the state versus the village, but to highlight that both scales produce specific options for women. More specifically, I have shown how the state impinges upon women's bodies, how the village impinges upon women's bodies and where these processes correspond and diverge. As well, women impinge on village and state systems, subverting processes that seek to govern them. In other words, they in part rewrite governing scripts.

Just as gender has been normalized and naturalized so that a woman is perceived to naturally perform the position of daughter, wife and mother, so too has fertility. Child birth has not only been constructed as natural desire of all women, fertility reduction has been normalized to the extent that it is viewed as a natural decision of all wise mothers or all good wives. Similarly it is understood that modern bodies have fewer children. This is not to imply that fertility reduction or limiting is wrong or unfruitful and that the adoption of more severe birth control methods is irrational. Instead I wish to highlight the contextual nature of fertility (and other sexual and reproductive) intentions. Social norms and policy mix to dictate how many children to have. Reproductive intentions and acts are largely a product of social, political and economic factors or regulatory scripts, not simply a natural or free decision made by women.

## **5.2 Repositioning Reproductive Bodies**

This thesis is a project of repositioning women in dominant sexual and reproductive discourses. Feminist geographers have unsettled "place and position as fixed and immutable" (Oza, 2001: 1069). Following this lead, Chapter 3 explores the fluid, social nature of bodies. Chapter 4 shows that in Daultabad Village women are subjects not objects of sexual and reproductive discourses. Here in the conclusion, I draw upon theories that destabilize the state as a place that is separate from or even without people. Feminist geographers have disrupted the disciplinary boundaries of political geography, arguing for more embodied ways of thinking and knowing about states and state processes (Mayer, 2004; Staeheli and Kofman, 2004). As Desbiens, Mountz, and Walton-Roberts (2004) write, "the state is not a unitary object but is, rather, a set of practices enacted through relationships between people, places and institutions" (241). With the case of national population policy, national rhetoric, laws and public

hospitals, it is clear that the state does not exist at some higher, separate place from the individual but permeates society, governing at multiple levels. Furthermore, the state is not the sole governing entity. Individuals and groups not officially part of the state engage in governing themselves and each other. By showcasing the everyday actions of women in Daultabad—of people cast largely as reproductive citizens—it is possible to see the ways in which people participate in the processes of governing, thereby recreating the state, both as it was but also how they think it should be.

In this thesis I explore the state of India and the state of bodies by examining women's everyday subversions of sexual and reproductive health regimes in Daultabad Village. If governing population is the *raison d'être* of states, then attention must be paid to people and their bodies. Sexual and reproductive health is a central concern of the state and an obvious process of governmentality where people are managed, controlled and brought into the web of the state (Gupta, 2001). In his analyses of a particular family planning program in India, Akil Gupta characterizes governmentality not simply as repression, but as "modes of accountability and enumeration" (112).

It should be clear that governmentality does not name a negative relationship of power, one characterized by discipline and regulation. The emphasis, rather, is on its productive dimension: governmentality is about a *concern* with the population, with its health, longevity, happiness, productivity, and size. (Gupta, 2001: 112)

States are not simply men in boardrooms plotting the subjugation of women through policy and law. Gupta's analysis demands recognition that population policies may be based on a concern for the health and welfare of the people, and that the violent ways in which they become materialized on the bodies of women may not have been the intention of policy makers. Furthermore, the ways in which women's everyday intentions and actions both rewrite and subvert dominant discourses on population health, demonstrate that state and individual are entangled in the processes of population control and reproduction. As Thomas Lemke writes, "the modern sovereign state and the modern autonomous individual co-determine each other's emergence" (2-3).

Gupta concludes that while policy makers of the state make plans for the health of the citizenry, shaping the options available for them, "the subjects of these policies may well alter the nature of the programs themselves, and thus alter the conduct of government as much as it changes them" (136). Body and state, not to mention village, are recalculated and reformed in part by women in Daultabad Village. Adding on to

Gupta's work, Rupal Oza (2001) argues that "local resistance" is not always "subversive" (1069). Indeed, in Daultabad, women sometimes acted, performed and spoke in ways that in part rearticulated the sexual and reproductive discourses that governed them in limiting and confining ways. At the same time, however, while women often subverted the SRH discourses governing their bodies, in re-writing the SRH scripts, they continue to govern their own and each other's conduct vis-à-vis birth, fertility, pregnancy, gender and so on, as participants in governmentality. Indeed, Foucault (2000) writes that the central concern of governmentality is "the government of the self by oneself" (88) and by others.

Ronald Greene urges demographers to refocus how they think about power in population policy, asserting that they should "abandon a bipolar model of power for a more productive sense of power that focuses on how subjects are brought into being, not merely as objects manipulated by an external force" (Greene, 2000: 28, as cited in McKinley, 2003). Similarly, Marston critiques research in political geography as "largely unresponsive to questions of difference in human agents and how power relations outside the relations of capital and labour might also influence scale-making." (2000: 238). In women's daily negotiations, gendered constructions of motherhood, sexuality and fertility produced by village and state policies and norms are performed in ways that reconstruct reproductive bodies, shaping citizenship in Daultabad Village.

With this in mind, I seek to position women within a web of state and village processes, not as objects of policy and culture, but as participants of and in SRH discourses. Women's subjectivities and subversions, as well as their complicity with norms and policies, illustrate the dynamic, fluid nature of social relations and enable a remapping of inequality that denies a notion of power as 'with' or 'without.' In highlighting women's actions and desires in this one village it is possible to see power as diffuse. SRH discourses are not simply imposed on women. The women themselves act in ways that amend the SRH regulatory fictions they perform (Butler, 1990). They participate in the reproduction of reproductive discourses via small but significant revisions that incrementally change existing norms over time. In line with Goffman (1959), as well as Hyndman and de Alwis (2004), I especially recognize instances of intentional performances where various gender identities were foregrounded to me, the researcher, and to others in the village, in the processes of presenting oneself as a 'Woman.'

This theory of power enables a reconceptualization of scale, one that differs from mainstream political geography (Marston, 2000). Instead of presenting the state on the one hand and the village on the other, as two separate scales shaping women's bodies and actions, I argue that these geographic scales in part produce each other and intersect at the site of women's bodies. Furthermore, I do not wish to suggest that one scale is more important than the other or containing the other, reifying political traditions that hierarchically rank scales as pre-given nested groups (Gupta, 2001; Mayer, 2004). Instead of imagining the body within the village, which is further within the nation-state, this remapping of women's everyday negotiations focuses on the centrality of the body in everyday SRH negotiations. The body is foregrounded, not as the first or more important scale but as inseparable from and indeed co-constituted through the scales of village and state. Foregrounding the body is also an important political stand, making visible a scale that has been absent from analysis in political geography (Mayer, 2004).

Another impetus for repositioning bodies in geography is to unsettle the state-centrism of geography where 'state' is reified as the most appropriate and useful scale in terms of political analysis (Hyndman, 2004). As Staeheli and Kofman (2004) argue, in redirecting attention towards the production of inequality, "the focus shifts from the operations of elite agents to the construction of political subjects and the ability of diverse subjects to act" (5). Accordingly, Foucault (1979) argues that subjects become part of the normalizing force of governmentality. This is evident in the growing trend towards smaller families, the reciting of propaganda about small families being happy families. While government policy emphasizes 'just have two,' the unintended consequences include the proliferation of foetal scans and female infanticide, infant-sex ratio imbalances, and the growth of a for-profit, private sector for sexual and reproductive care. While the state seeks to monitor and limit fertility, people pass under the radar by accessing private and/or illegal facilities.

### **5.3 Remapping the Master's Thesis**

As feminist researchers (geographers and others) have emphasized, analysis must look at local specificities and move beyond gender categories of women versus men. Instead, research should account for the human relationships which produce and reproduce categories of difference and dominant health discourses. In this case I have

examined the Indian state via National Population Policy, the space of the village and women's bodies themselves as intersecting in ways that both reproduce normative notions of 'Woman' but also demand a recasting of femininity, motherhood, and reproduction to account for women's active participation in the making of village, state, 'Woman,' body and health. There are other ways to analyze the production and reproduction of 'Woman' in Daultabad or the ways in which women negotiate their own SRH or wellbeing, such as an analysis of the relationships of *dais* (midwives), holy men, doctors, nurses, the Nongovernmental Organizations (NGOs) present in the village, the changing geography around the village and so on. This is but one slice of Daultabad and the 29 women with whom I spoke.

Feminist scholars, such as Rose (1993), call claims for and attempts at "exhaustive knowledge" (4) masculinist and critique their demands for objective and rational knowledge (see also Sundberg, 2003). Rose also emphasizes the prevalence of masculinist ways of knowing and thinking, pointing out that feminist scholars themselves have fallen into the trap of striving for transparent reflexivity where research validity is assumed to be possible by overcoming difference and uncertainty and somehow accounting perfectly for subjectivities. Instead of a shortcoming, Rose (1997) argues that uncertainty can be revealing (see Chapter 2). I find this comforting. In this effort to present myself as knowledgeable, well-read, and hopefully publishable, I too have fallen into the trap of trying to become an omniscient graduate student and expert who can produce a thesis that presents the world "as it really is" (Sundberg, 2003: 183).

Knowing that I can only present a somewhat flawed and selective picture of the world conflicts with the very project of a thesis where the student is charged with completing a logical, inclusive and final analysis on a given topic. The nature of research and theory as an ongoing process in the form of a dialogue, involving collaboration between villagers, interpreters, other students, professors and university staff is completely obscured. I find comfort in relinquishing the godtrick (Haraway, 1991) and accepting this partiality, not as less than, but as instructive of the multiple ways of knowing bodies, women in India, development and health. This thesis, while presenting selective, partial and subjective knowledge on and from women in Daultabad, enables an important problematization of the ways in which women's sexual and reproductive issues have been framed.



Categories of rights, choice and health, are socially produced in limiting and marginalizing ways. The manner in which women act or govern themselves in light of existing SRH discourses underscores the nature of governmentality “that does not reside in the state” (Gupta, 2001: 136). The place or scale of the state is highly mobile, existing in multiple forms from slogans of “just have two”, to laws on abortion, to hospitals and doctors, to women’s movements of bodies in and out of sexual and reproductive bedrooms, houses and villages.

Rose’s (1997) emphasis on the uncertainty that exists between the researcher and those being researched generates humility. From this standpoint I recognized that much of the knowledge that I present here as my own is derived from women in Daultabad and that I can not read their minds and speak for them. This thesis is neither intended as a picture of Daultabad or India nor a coherent picture of 29 women in the village. It is an exercise in theory, methods, negotiation, and trust. They are the keepers of their own worlds— playing along with and subverting, controlling and rewriting the regulatory scripts that situate them. I am grateful to them all for allowing me to use their stories in this feminist geography project. I hope that in recasting their places here in this thesis I have contribute productively to discourses on sexual and reproductive health and feminist development.

# APPENDIX A

## Interview Questions

After discussing terms of confidentiality and my research intentions, I began interviews with basic background questions and then asked broadly about 1) pregnancy, 2) childbirth, 3) miscarriage and still births, and 4) abortion and D&C to see which topics women were comfortable discussing. I tacked on general reproductive wellbeing questions where appropriate. I revisited women again and again to cover questions I had not previously asked and to clarify and/or probe specific issues.

### Basic Background Questions:

- What is your name and age?
- Are you married? Who do you live with?
- How many children do you have? Do they all live with you?
- Do you want more children?
- Are you using any birth control?
- Tell me what work you do everyday.

### Specific Sexual and Reproductive Questions:

#### 1. Pregnancy

- Are you pregnant now? (Is this good/bad? Does your family want your pregnancy?) How is being pregnant different from when you were not pregnant?
- What was it like being pregnant?
- When did you know you were pregnant?
- Did you have any difficulties during your pregnancy? Please explain.
- Did your family treat you differently when you were pregnant? Did you have to work the same amount throughout your pregnancy? Did someone help you with your chores? (how did this make you feel? What did you do about it?)
- Did someone check your health during your pregnancy? Who? Tell me about this.
- Did someone give you medicines? Which ones? Why? Please explain.
- What advice did you seek during pregnancy (Midwives, family, healers, doctors, community workers etc.)? Did these people help you? Answer your questions?
- Did you go to a hospital while pregnant? Why? Which one? What tests did they do (Blood, urine, weight, height, internal exam, sonogram, amniocentesis)?

- Did you (or anyone in your family) make special prayers or offerings to gods or do any special ceremonies while you were pregnant? Please explain. Did you do the same during your other pregnancies?
- Have you ever had an ultrasound scan? Tell me about this experience. (why did you get one? How much did it cost? Where did you go?)
- Do you want to have more children? Please explain?
- Were there any differences between this pregnancy and your earlier pregnancies? Do you want your current or future pregnancy to be different from others? Please explain.
- What advice would you give other pregnant women?

## **2. Childbirth**

- Can you describe the experience of your last childbirth?
- Please describe your experience with this delivery from the time you realized you were in labour until the baby was born.
- How did you know when to call someone for help? Who did you call first? What did they do?
- If your baby was born in a hospital, who took you to the hospital?
- If your baby was born at home, who came to your home to help?
- Who assisted with the delivery?
- How did you find out about this person or hospital?
- Was the delivery painful? Explain.
- Did you do anything to reduce the pain?
- Did you take any medications?
- Were any special prayers or ceremonies made right before, during or after your delivery? By whom?
- If you have had one delivery at home and one in a hospital, what has been the difference between these two experiences?
- Are there any problems associated with delivering at home? In the hospital? Which place do you prefer?
- Are there some times which are auspicious and some times which are inauspicious for a birth?
- Did you have a boy and a girl? Tell me about this experience.
- Was this delivery different from your other deliveries? Please describe your other deliveries.
- If you have another baby do you plan to have the delivery in the same place or in another place? Do you think you will do things differently for your next delivery?
- What advice would you give other women concerning childbirth?

## **3. Miscarriage and Still Births**

- How many pregnancies have you miscarried (spontaneous abortion)?
- How many stillbirths and infant deaths have you had?
- For both of the above:
  - ◆ Please describe this experience.
  - ◆ Why do you think this happened?
  - ◆ Did you go to the hospital? Explain this experience.
  - ◆ Were you healthy or sick afterwards? Please explain.
  - ◆ Did you try to conceive again? Please explain.
  - ◆ Did you do anything to ensure the baby stayed? (medicines, operations, prayers, advice, rest etc)
  - ◆ What advice would you give other women who miscarry?

#### **4. Abortion and Dilation and Curettage (D&C)**

- Have you had an abortion? (Induced abortion as opposed to spontaneous)
- Have you ever had a D&C operation (“cleaning”)?
- For both of the above:
  - ◆ Why did you have an abortion/D&C? Please explain this experience.
  - ◆ Where did you have an abortion/D&C? Were you referred by someone? Who?
  - ◆ Who performed it? Did they explain the procedure to you? Would you go back to the same place/person? Why?
  - ◆ What is an abortion/D&C?
  - ◆ Do other women in your community go to the same place? Is abortion/D&C common in your community?
  - ◆ Was it expensive? Who paid?
  - ◆ Was it far from here?
  - ◆ Who went with you?
  - ◆ Did it make you healthier? Stronger or weaker? Did you rest afterwards?
  - ◆ What advice would you give other women seeking abortion/D&C?
  - ◆ Did you get a tubectomy (“the operation”) or an IUD inserted after your abortion?

#### **General Reproductive Wellbeing Questions:**

- For pregnancy, childbirth, abortion, D&C, miscarriage and still births, do you ever go to the public hospital or the private hospital? Why? Is one more expensive? Which one is better? What about other women? Do they like private or public?
- What about other services do you use/know of? Midwives, healers, pharmacists, and advice from other women?
- Do you go to get medicines from the pharmacy? When and why?
- Do you consider yourself healthy? Strong? Why? Compared to other women? Compared to your sisters, mother, mother-in-law, husband, sons etc.?
- What would make you healthier? Stronger?
- Do you pray for health? To whom? Any ceremonies?
- When was the last time a family planning worker or auxiliary nurse visited you at home? What were they doing? Asking questions? The same questions I am asking? Where they with the government or charity? Did they give you medicines or contraceptives? What advice did they give you? Did they answer your questions? Was the visit useful for you? What was this experience like (were you comfortable, were they nice to you, did they put pressure on you?)
- Have you ever been offered financial incentives to be sterilized?
- Do women and men think differently about child birth? Pregnancy? Abortion?
- Does the government care if you have more children?
- Have you seen any messages about family planning, D&C, ultrasound scans, abortion, or baby and mother health? On the radio, newspaper/magazine, television, wall painting or billboard? What did they say? Do you agree? Who puts these messages up?

#### **Additional and Further Probing Questions:**

- Did you have trouble conceiving? Is it difficult to get pregnant?
- Have you used any fertility treatments? Tonics, pills, injections?

- How long have you been married?
- How did you feel when you became visibly pregnant? Is pregnancy embarrassing? Did you leave the house or village? Visit your natal home?
- Do you fast? Why do you fast? How often do you fast? Did you fast while you were pregnant? Do men fast? Do all women fast?
- Would your husband consider getting a vasectomy? Do you want him to? Do you want to be sterilized?
- Tell me about breastfeeding. Does it prevent you from getting pregnant? Can you breastfeed publicly? Should breasts be covered?
- How do you learn what to do? (vis-à-vis getting pregnant, giving birth, raising children, spacing children, following ovulation cycles etc.) Should women know naturally how to do all these things? Who do you talk to about sex and reproduction? Do you plan on teaching your own daughters about sex and reproduction?
- Does your husband try to bribe you to have sex? Force you? How can you tell him 'no'?
- Does your husband agree with your sexual and reproductive desires? What about your mother-in-law, other family members, or neighbours?
- How did you stop having kids? (contraceptive methods and technologies, vasectomy, sterilization, abstinence, other)
- Why do women cover their heads, faces, chests? Why do men wear pants and shirts? Why do almost all the children look like boys?
- Why is a 'small family a happy family'? How many children do you want your daughters to have?
- Is childbirth dangerous? Do many women die? Do many babies die?
- What makes you happy? Strong? What makes your husband happy/strong? What can you do to make your husband happy/strong? What can your husband do to make you happy/strong? What are you proud of? How do you keep harmony in the household?
- What is the best number of children to have? Why?
- What do you want for your children? (education, marriage, wealth etc)
- Is a wife supposed to love her husband?
- Who should pay for your health? Education? Life insurance? Should the government be providing better services?
- What is the government? Who is in the government? What does the government do? (Local panchayat, municipal, state, and/or national)
- What do married women wear? What happens if they go out without their bangles, toe ring and bindi?
- Should girls go to school? What kind of skills should girls learn?
- How do you travel? Who goes with you? How often do you leave the village?

# Bibliography

## Works Cited

- Agarwal, Bina (1998). "Widows Versus Daughters or Widows as Daughters? Property, Land, and Economic Security in Rural India." Modern Asian Studies 32(1): 1-48.
- Amis, Philip and Sashi Kumar (2000). "Urban Economic Growth, Infrastructure and Poverty in India: Lessons from Visakhapatnam." Environment and Urbanization 12(1): 185-196.
- Arokiasamy, Perianayagam (2002). "Gender Preference, Contraceptive Use and Fertility in India: Regional and Development Influences." International Journal of Population Geography 8(1): 46-67.
- Arokiasamy, Perianayagam, Kirsty McNay and Robert H. Classen (2004). "Female Education and Fertility Decline in India: Recent Developments in the Relationship." Economic and Political Weekly 9(16): 4503-4507.
- Attenborough, Richard (1982). Gandhi [video]. UK, Columbia Pictures. 188 minutes.
- Bacchetta, Paola (2002). Hindu Nationalist Women Imagine Spatialities/Imagine Themselves: Reflections on Gender-Supplemental-Agency. Right-Wing Women: From Conservatives to Extremists Around the World. P. Bacchetta and M. Power. New York, Routledge,.
- Bandarage, Asoka (1997). Women, Population and Global Crisis: Political-Economic Analysis. New Jersey, Zed Books.
- Bannerji, Himani (1995). Introducing Racism: Notes Towards an Anti-Racist Feminism. Thinking Through: Essays on Feminism, Marxism and Anti-Racism. Toronto, Toronto Women's Press: 41-53.
- Basu, Alaka Malwade (1996). Girls Schooling, Autonomy and Fertility Change—What do these word mean in South Asia? Girls Schooling, Autonomy and Fertility Change in South Asia. R. Jeffery and A. M. Basu. New Delhi: Sage, Sage: 48-71.
- Basu, Alaka Malwade (2002). "Why Does Education Lead to Lower Fertility? A Critical Review of Some of the Possibilities." World Development 30(10): 1779-1790.
- Basu, Amrita (1993). "Feminism Inverted: The Real Women and Gendered Imagery of Hindu Nationalism." Bulletin of Concerned Asian Studies 25(4): 25-37.
- Bauer, Lord P. T. (1984). Paper by Lord P.T. Bauer. Are World Population Trends a Problem. B. Watenberg and K. Zuismeister. Washington, D.C., American Enterprise Institute for Public Policy Research: 19-24.

- Beneria, Lourdes and Gita Sen (1981). "Accumulation, Reproduction, and "Women's Role in Economic Development": Boserup Revisited." Signs 7(2. Development and the Sexual Division of Labor): 279-298.
- Between Memories and Forgetfulness (2002). The Hindu. Chennai. Retrieved on September 12, 2005, from: <http://www.hinduonnet.com/thehindu/mp/2002/08/06/stories/2002080600340200.htm>
- Bhat, P. N. Mari (2002a). India's Changing Dates with Replacement Fertility: a Review of Recent Fertility Trends and Future Prospects. Expert Group Meeting on Completing the Fertility Transition, New York, United Nations Population Division.
- Bhat, P. N. Mari (2002b). "Returning a Favor: Reciprocity Between Female Education and Fertility in India." World Development 30(10): 1791-1803.
- Bhat, Sairam (2004). Too Little for the Little Ones. India Together. Bangalore. Retrieved on July 27, 2006, from: <http://www.indiatogether.org/2004/dec/chi-abuse.htm>
- Bhatia, Rajani (2005). "Ten Years After Cairo: The Resurgence of Coercive Population Control in India." DifferenTakes: a Publication of the Population and Development Program at Hampshire College(31): 1-4.
- Bhopal, Kalwant (1995). "Women and Feminism as Subjects of Black Study: The Difficulties and Dilemmas of Carrying Out Research." Journal of Gender Studies 4(2): 153-169.
- Bhopal, Kalwant (2000). Gender, 'Race' and Power in the Research Process: South Asian Women in East London. Research and Inequality. C. Truman, D. Mertens and B. Humphries. New York, UCL Press: 67-79.
- Bondi, Liz (2005). Introduction: Geography's 'Emotional Turn'. Emotional Geographies. J. Davidson, L. Bondi and M. Smith. Aldershot, England ; Burlington, VT, Ashgate: 1-18.
- Bordo, Susan, 1947- (1993). Unbearable Weight: Feminism, Western Culture, and the Body. Berkeley:, University of California Press,.
- Boserup, Ester (1970). Woman's Role in Economic Development. New York, St. Martin's Press.
- Brass, Paul R. (2003). The Production of Hindu-Muslim Violence in Contemporary India. Seattle, University of Washington Press.
- Butler, Judith (1990). Gender Trouble. London, Routledge.
- Butler, Judith (1993). Bodies That Matter: On the Discursive Limits of 'Sex'. New York, Routledge.
- Caldwell, John C. (1996). "The International Conference on Population and Development, Cairo, 1994. Is its *Plan of Action* Important, Desirable and Feasible?" Health Transition Review 6: 71-72.
- Chacko, Elizabeth (2004). "Positionality and Praxis: Fieldwork Experiences in Rural India." Singapore Journal of Tropical Geography 25(1): 51-63.

- Chadha, Monica (November 2, 2005). Indian Men Go Tall, Fair and Handsome. BBC News. Mumbai. Retrieved on October 10, 2006, from: [http://news.bbc.co.uk/2/hi/south\\_asia/4396122.stm](http://news.bbc.co.uk/2/hi/south_asia/4396122.stm)
- Chatterjee, Partha (1986). Nationalist Thought and the Colonial World: A Derivative Discourse? Delhi, Oxford University Press.
- Chowdhry, Geeta (1995). Engendering Development? Women in Development (WID) in International Development Regimes. Feminism/Postmodernism/Development. M. Marchand, and Jane Parpart. New York, Routledge.
- Clark, Shelley (2000). "Son Preference and Sex Composition of Children: Evidence from India." Demography 37(1): 95-108.
- Continuous Breastfeeding (2006). New York, Planned Parenthood Federation of America. Retrieved on September 16, 2006, from: <http://www.plannedparenthood.org/birth-control-pregnancy/birth-control/continuous-breastfeeding.htm>
- Cornwall, Andrea and Alice Welbourn (2002). Introduction- Realizing Rights: Transforming Approaches to Sexual Reproductive Well-Being. Realizing Rights: Transforming Approaches to Sexual Reproductive Well-Being. A. Cornwall and A. Welbourn. New York, Zed Books: 1-18.
- Cotterill, Pamela (1992). "Interviewing Women: Issues of Friendship, Vulnerability, and Power." Women's Studies International Forum 15(5-6): 593-606.
- DasGupta, Monica and P.N. Mari Bhat (1997). "Fertility Decline and Increased Manifestation of Sex Bias in India." Population Studies 51(3): 307 - 315.
- DasGupta, Monica and P.N. Mari Bhat (1995). Intensified Gender Bias in India: A Consequence of Fertility Decline. Working Papers. Centre for Population and Development Studies. Cambridge, MA, Harvard University. Volume: 95-108.
- Deb, Siddhartha (November 26, 2006). We're All Indians Now. Observer Magazine. Guardian Unlimited. Retrieved on December 7, 2006, from: <http://observer.guardian.co.uk/magazine/story/0,,1955125,00.html>
- Delph-Janiurek, Tom (2001). "(Un)consensual Conversations: Betweenness, 'Material Access', Laughter and Reflexivity in Research." Area 44(4): 414-421.
- Desbiens, Caroline, Alison Mountz and Margaret Walton-Roberts (2004). "Introduction: Reconceptualizing the State from the Margins of Political Geography." Political Geography: Reconceptualizing the State 23(3): 241-243.
- Devault, Marjorie (1990). "Talking and Listening from Women's Standpoint: Feminist Strategies for Interviewing and Analysis." Social Problems 37(1): 96-116.
- Dhanraj, Deepa (1991). Something Like a War [video]. New Delhi, Jagori/Women Make Movies: 52 minutes.
- Discourse (2000). The Dictionary of Human Geography (.b43158766). Retrieved on 2006, December 10, from: <http://www.xreferplus.com.proxy.lib.sfu.ca/entry/734105>



- Donaldson, Peter J. (2002). "The Elimination of Contraceptive Acceptor Targets." Population Studies 56(1): 97-110.
- Drèze, Jean and Mamta Murthi (2001). "Fertility, Education and Development: Evidence from India." Population and Development Review 27(1): 33-64.
- Dunn, Kevin (2001). Interviewing. Qualitative Research Methods in Human Geography. J. Hay. US, Oxford University Press: 50-82.
- Dureau, Christine M. (2001). Mutual Goals? Family Planning on Simbo, Western Solomon Islands. Borders of Being: Citizenship, Fertility, and Sexuality in Asia and the Pacific. M. Jolly and K. Ram. Ann Arbor, University of Michigan Press.
- Dyck, Isabel, Judith M. Lynam and Joan M. Anderson (1995). "Women Talking: Creating Knowledge Through Difference in Cross-Cultural Research." Women's Studies International Forum 18(5-6): 611-626.
- Earth Negotiations Bulletin (1994). International Conference on Population and Development, 5-13 September 1994, Cairo, Egypt. 6 (39). Winnipeg, Canada, International Institute for Sustainable Development (IISD). Retrieved on May 4, 2001, from: <http://www.iisd.ca/vol06/0639028e.html>
- Easterlin, Richard A. (1967). "Effects of Population Growth on the Economic Development of Developing Countries." Annals of the American Academy of Political and Social Science 369.
- Ehrlich, Paul R. (1968). The Population Bomb. New York, Ballantine Books.
- England, Kim (1994). "Getting Personal: Reflexivity, Positionality, and Feminist Research." Professional Geographer 46(1): 80-89.
- Enloe, Cynthia (2000). Conclusion: Decisions, Decisions, Decisions. Maneuvers: The International Politics of Militarizing Women's Lives. Berkeley, University of California Press. 288-300.
- Escobar, Arturo (1992). "Reflections on Development: Grassroots Approaches and Alternative Politics in the Third World." Futures 24(5): 411-436.
- Escobar, Arturo (1995). Encountering Development: the Making and Unmaking of the Third World. Princeton, N.J., Princeton University Press.
- Fact Sheet: Haryana (2006). 2005-2006 National Family Health Survey, Ministry of Health and Family Welfare, Government of India. Volume. Retrieved on October 31, 2006, from <http://www.nfhsindia.org/pdf/HR.pdf>
- Family Planning Worldwide: 2002 Data Sheet (2002). Population Reference Bureau. Retrieved on March 20, 2006, from: [http://www.prb.org/pdf/FamPlanWorldwide\\_Eng.pdf](http://www.prb.org/pdf/FamPlanWorldwide_Eng.pdf)
- Finkle, Jason L. and Alison McIntosh (1996). "Cairo revisited: some thoughts on the implications of the ICPD." Health Transition Review 6(1): 110-113.
- Foucault, Michel (1979). "Governmentality." Ideology and Consciousness 6: 5-21.
- Foucault, Michel (1980). The History of Sexuality. New York, Vintage/Random House.

- Foucault, Michel (1980b). Power/Knowledge: Selected Interviews and Other Writings, 1972-1977. C. Gordon. Brighton, Harvester Press.
- Foucault, Michel (2000). Subjectivity and Truth. Michel Foucault, Ethics, Subjectivity and Truth. P. Rabinow. London, Penguin.
- George, Annie (2002). "Embodying Identity Through Heterosexual Sexuality - Newly Married Adolescent Women in India." Culture, Health & Sexuality 4(2): 207-222.
- Goffman, Erving (1959). The Presentation of Self in Everyday Life. Garden City, New York, Doubleday.
- Guggenheim, Davis (Director) (2006). An Inconvenient Truth [video]. USA, Paramount Classics and Participant Productions: 100 min.
- Gupta, Akhil (2001). Governing Population: The Integrated Child Development Services Program in India. States of Imagination: Ethnographic Explorations of the Postcolonial State. T. B. Hansen and F. Stepputat. Durham, Duke University Press: 65-96.
- Gupta, Nabanita Datta and Amaresh Dubey (2006). "Fertility and the Household's Economic Status: A Natural Experiment using Indian Micro Data." Journal of Development Studies 42(1): 110-138.
- Haraway, Donna Jeanne. (1991). Simians, Cyborgs, and Women: the Reinvention of Nature. London, Free Association Books.
- Hartmann, Betsy (1995). Reproductive Rights and Wrongs: the Global Politics of Population Control. Boston, South End Press.
- Hartmann, Betsy (2002). "Women, Population and Development: Whose Consensus? Whose Empowerment?" The Women Gender and Development Reader. N. Visvanathan, L. Duggan, L. Nisonoff and B. Wyss. Halifax, Nova Scotia, Fernwood.
- Herod, Andrew (1993). "Gender Issues in the Use of Interviewing as a Research Method." Professional Geographer 45(3): 305-317.
- Hyndman, Jennifer (2001). "The Field as Here and Now, Not There and Then." The Geographical Review 91(1-2): 262-272.
- Hyndman, Jennifer (2004). "Mind the Gap: Bridging Feminist and Political Geography Through Geopolitics." Political Geography 23(3): 307-322.
- Hyndman, Jennifer and Malathi de Alwis (2003). "Beyond Gender: Towards A Feminist Analysis of Humanitarianism and Development in Sri Lanka." Women's Studies Quarterly 31(3-4): 212-226.
- Hyndman, Jennifer and Malathi de Alwis (2004). "Bodies, Shrines and Roads: Violence, (Im)mobility and Displacement in Sri Lanka." Gender, Place and Culture 11(4): 535-557.
- James, K. S. (1999). "Fertility Decline in Andhra Pradesh: a Search for Alternative Hypotheses." Economic and Political Weekly 34: 491-499.

- Jeffery, Roger and Alaka Malwade Basu (1996). Girl's Schooling, Women's Autonomy and Fertility Change in South Asia. New Delhi, Sage.
- Jeffery, Roger and Patricia Jeffery (1997). Population, Gender and Politics: Demographic Change in Rural North India. Cambridge, England, Cambridge University Press.
- Jha, Prabhat, Rajesh Kumar, Priya Vasa, Neeraj Dhingra, Deva Thiruchelvam and Rahim Moineddin (2006). "Low Male-to-Female Sex Ratio of Children Born in India: National Survey of 1.1 Million Households." Lancet 367: 211-18.
- Johnson-Hanks, Jennifer (2002). "On the Modernity of Traditional Contraception: Time and the Social Context of Fertility." Population and Development Review 28(2): 229-249.
- Jolly, Margaret (2001). Embodied States- Familial and National Genealogies in Asia and the Pacific. Borders of Being: Citizenship, Fertility, and Sexuality in Asia and the Pacific. M. Jolly and K. Ram. Ann Arbor, University of Michigan Press: 1-35.
- Kabeer, Naila (1994). Reversed Realities: Gender Hierarchies in Development Thought. London, Verso.
- Karkal, Malini (1996). "Patriarchal Demography: Tracing India's History." Political Environments 4. Retrieved on December 10, 2004, from [www.cwpe.org/population\\_html/karkal.html](http://www.cwpe.org/population_html/karkal.html).
- Kielmann, Karina (1998). Barren Ground: Contesting Identities of Infertile Women in Pemba, Tanzania. Pragmatic Women and Body Politics. Cambridge Studies in Medical Anthropology (No. 5). M. Lock and P. A. Kaufert. Cambridge, Cambridge University Press.
- Kielmann, Karina (2002). "Theorising Health in the Context of Transition: The Dynamics of Perceived Morbidity among Women in Peri-Urban Maharashtra, India." Medical Anthropology 21(2): 157-205.
- Kielmann, Karina and M.E. Bentley (2003). "Thresholds of Morbidity Among Women in a Peri-Urban Community of Maharashtra, India: Conceptual and Methodological Issues." Health Psychology 8(5): 525-538.
- Kobayashi, Audrey (1994). "Coloring the Field: Gender, "Race," and the Politics of Fieldwork." Professional Geographer 46(1): 73-80.
- Kuznets, Simon (1967). Population and Economic Growth. American Philosophical Society.
- Lamb, Sarah (1999). "Aging, Gender and Widowhood: Perspectives from Rural West Bengal." Contributions to Indian Sociology 33(3): 541-570.
- Longhurst, Robin (1994). "The Geography Closest In - The Body - The Politics of Pregnability." Australian Geographical Studies 32(2): 214-223.
- Longhurst, Robyn (1997). "(Dis)embodied Geographies." Progress in Human Geography 21(4): 486-501.
- Longhurst, Robyn (2001). Bodies: Exploring Fluid Boundaries. New York, Routledge.

- Madge, Clare, Parvati Raghuram, Tracey Skelton, Katie Willis and Jenny Williams (1997). Methods and Methodologies in Feminist Geographies: Politics, Practice and Power. Conference on Geography and Gender: Explorations in Diversity and Difference. London, Longmans.
- Mamdani, Mahmood (1972). The Myth of Population Control: Family, Caste and Class in an Indian Village. London, Monthly Review Press.
- Marston, Sallie A. (2000). "The Social Construction of Scale." Progress in Human Geography 24(2): 219-242.
- Marston, Sallie A. (2004). "Space, Culture, State: Uneven Developments in Political Geography." Political Geography 23: 1-16.
- Massey, Doreen B. (1994). Space, Place and Gender. Minneapolis, University of Minnesota Press.
- Matthews, Z., R. Ramasubban, B. Rishyasringa and R. W. Stones (2004). "Autonomy and Maternal Health-Seeking Among Slum Populations of Mumbai." Social Statistics Research Centre Applications and Policy Working Papers. No. A03/06. Southampton University, Social Statistics Research Centre.
- Mayer, Tamar (2004). Embodied Nationalism. Mapping Women, Making Politics. L. A. Staeheli, E. Kofman and L. J. Peake. New York, Routledge: 153-167.
- McIntosh, C. Alison and Jason L. Finkle (1995). "The Cairo Conference on Population and Development: A New Paradigm?" Population and Development Review 21(2): 223-260.
- McKinley, Michelle (2003). "Planning Other Families: Negotiating Population and Identity Politics in the Peruvian Amazon." Identities: Global Studies in Culture and Power 10(1): 31 - 58.
- McNay, Kirsty, Perianayagam Arokiasamy and Robert H. Cassen (2003). "Why Are Uneducated Women in India Using Contraception? A Multilevel Analysis." Population Studies 57(1): 21 - 40.
- Mehta, Deepa (Director) (1998). Earth [video]. Canada, Zeitgeist Films. 110 minutes.
- Mehta, Deepa (Director) (2005). Water [video]. Canada, Mongrel Media. 114 minutes.
- Mohanty, C. A. Russo (1991). Under Western Eyes: Feminist Scholarship and Colonial Discourses. Third World Women and the Politics of Feminism. C. Mohanty, A. Russo and L. Torres. Bloomington, Indiana University Press: 61-88.
- Moss, Pamela (2001). Writing One's Life. Placing Autobiography in Geography. P. Moss. New York, Syracuse University Press: 1-21.
- Moursund, Anne and Oystein Kravdal (2003). "Individual and Community Effects of Women's Education and Autonomy on Contraceptive Use in India." Population Studies 57(3): 285 - 301.
- Mullings, Beverley (1997). "Insider or Outsiders, Both or Neither: Some Dilemmas of Interviewing in a Cross-Cultural Setting." Geoforum 30: 337-350.

- NPP [National Population Policy] (2000). Ministry of Health and Family, Department of Family Welfare. New Delhi, Government of India.
- Oza, Rupal (2001). "Showcasing India: Gender, Geography, and Globalization." Signs 26(4): 1067-1095.
- Pande, Mrindal (2003). Stepping Out: Life and Sexuality in Rural India. New Delhi, Penguin Books.
- Perry, Alex (November 28, 2005). Could You Please Make Me a Shade Lighter? How Indians Came to View Fair Skin as an Ideal--and a Business Opportunity. Time Magazine. New York. Retrieved on October 8, 2006, from: <http://www.time.com/time/magazine/article/0,9171,1134744,00.html>
- Petchesky, Rosalind Pollack (1995). "From Population Control to Reproductive Rights: Feminist Fault Lines." Reproductive Health Matters 6: 152-161.
- Phellas, Constantinos (2000). Culture and sexual identities in in-depth interviewing. Research and Inequality. C. Truman, D. Mertens and B. Humphries. New York, UCL Press: 52-64.
- Pigg, Stacy (1995). "Acronyms and Effacement: Traditional Medical Practitioners (TMP) in International Health Development." Social Science & Medicine 41(1): 47-68.
- Pigg, Stacy (1997). Authority in Translation: Finding, Knowing, Naming and Training 'Traditional Birth Attendants' in Nepal. Childbirth and Authoritative Knowledge: Cross-Cultural Perspectives. R. Davis-Floyd and C. Sargent. Berkeley, University of California Press: 233-63.
- The Population Debate: Dimensions and Perspectives. (1974). World Population Conference, Bucharest, NY: United Nations.
- POA [Programme of Action]. International Conference on Population and Development (ICPD) Cairo, Egypt (1994). United Nations.
- Raaj, Neelam (2005 August 7, 2005). Modern Draupadis. Times of India. New Delhi: Publisher. 6.
- Raghuram, Parvati, Clare Madge and Tracey Skelton (1998). "Feminist Research Methodologies and Student Projects in Geography." Journal of Geography in Higher Education 22(1): 35-48.
- Rajaram, Prem Kumar (2002). "Humanitarianism and Representations of the Refugee." Journal of Refugee Studies 15(3): 247-264.
- Rak, Kimberly and Craig R. Janes (2004). "Reproductive Health in Post-Transition Mongolia: Global Discourses and Local Realities." Perspectives on Global Development and Technology 3(1-2): 171-196.
- Ram, Kalpana (2001). Rationalizing Fecund Bodies: Family Planning Policy and the Modern Indian Nation-State. Borders of Being: Citizenship, Fertility and Sexuality in Asia and the Pacific. M. Jolly and K. Ram. Ann Arbor, University of Michigan Press.

- Ram, Kalpana and K Kauanui (1998). "Na Shariram Nadhi, 'My Body is Mine': the Urban Women's Health Movement in India and its Negotiation of Modernity." Migrating Feminisms, Special Issue of Women's Studies International Forum 21(6): 617-631.
- Rani, Manju and Sekhar Bonu (2003). "Rural Indian Women's Care-Seeking Behavior and Choice of Provider for Gynaecological Symptoms." Studies in Family Planning 34(3): 173-185.
- Rao, Mohan (2004). From Population Control to Reproductive Health: Malthusian Arithmetic. New Delhi, Sage.
- Rathgeber, Eva (1990). "WID, WAD and GAD: Trends in Research and Practice." Journal of Developing Areas 24(4): 489-502.
- Ravindran, Sundari T.K. and U.S. Mishra (2001). "Unmet Need for Reproductive Health in India." Reproductive Health Matters 9(18): 105-13.
- Ravindran, Sundari T.K. and M. Panda (2002). Gender and Fertility Transition in the South Asian Context. Gender and Health in South Asia, Heidelberg.
- Riessman, Catherine Kohler (1987). "When Gender is Not Enough: Women Interviewing Women." Gender and Society 1(2): 172-207.
- Robinson, Kathryn (2001). Government Agency, Women's Agency: Feminisms, Fertility, and Population Control. Borders of Being: Citizenship, Fertility, and Sexuality in Asia and the Pacific. M. Jolly and K. Ram. Ann Arbor, University of Michigan Press: 36-57.
- Rose, Gillian (1993). Feminism and Geography: the Limits of Geographical Knowledge. Cambridge, Polity Press.
- Rose, Gillian (1995). "Geography and Gender, Cartographies and Corporealities." Progress in Human Geography 19(4): 544-548.
- Rose, Gillian (1997). "Situating Knowledges: Positionality, Reflexivities and Other Tactics." Progress in Human Geography 21(3): 305-20.
- Ross, Eric B. (1998). The Malthus Factor: Poverty, Politics and Population in Capitalist Development. London, Zed Books.
- Sabala and Kranti (1995). Na Shariram Nadhi: My Body Is Mine. Pune, Saptahik Mudran.
- Said, Edward W. (1978). Orientalism. New York, Pantheon Books.
- Sen, Gita (1999). "Southern Feminist Perspectives on Population and Reproductive Rights: Continuing Challenges." Development 42(1): 25-28.
- Sen, Gita (2003). "Inequalities and Health in India." Development 46(2): 18.
- Sharma, Kalpana (February 27, 2000). Forget Targets, Remember People. The Hindu. Retrieved on July 3, 2006, from: <http://www.hinduonnet.com/thehindu/2000/02/27/stories/13270545.htm>

- Sharp, Joanne (1996). Gendering Nationhood: a Feminist Engagement with National Identity. Bodyspace: Destabilising Geographies of Gender and Sexuality. N. Duncan. London; New York, Routledge: 97-108.
- Sharp, Joanne (2005). "Geography and Gender: Feminist Methodologies in Collaboration and in the Field." Progress in Human Geography 29(3): 304-309.
- Shiva, Vandana (1994). Women's Rights Reduced to Reproduction Issues. Third World Network Features. Penang, Malaysia, Third World Network. Retrieved on August 12, 2006, from: <http://www.msu.edu/~eisthen/yeast/shiva.html>
- Simon, Julian (1984). Are World Population Trends a Problem? B. Wattenberg and K. Zuismeister. Washington, D.C., American Enterprise Institute for Public Policy Research: 19-27.
- Simonsen, Kirsten (2000). "Editorial: The Body as Battlefield." Transactions of the Institute of British Geographers 25(1): 7-9.
- Smith, Fiona (1996). "Problematizing Language: Limitations and Possibilities in 'Foreign Language' Research." Area 28: 160-66.
- Spivak, Gayatri (1994). Can the Subaltern Speak? Colonial Discourse and Postcolonial Theory: A Reader. P. Williams and L. Chrisman. New York, Columbia University Press: 66-111.
- Spivak, Gayatri (1999). A Critique of Postcolonial Reason: Toward a History of the Vanishing Present. Cambridge, London, Harvard University Press.
- Staeheli, Lynn A. and Eleonore Kofman (2004). Mapping Gender, Making Politics: Toward Feminist Political Geographies. Mapping Gender, Making Politics: Feminist Perspectives on Political Geography. L. A. Staeheli, E. Kofman and L. J. Peake. New York, Routledge: 1-14.
- Stephenson, Rob and Amy Ong Tsui (2002). "Contextual Influences on Reproductive Health Services Use in Uttar Pradesh, India." Studies in Family Planning 33(4): 309-320.
- Sundberg, Juanita (2003). "Masculinist Epistemologies and the Politics of Field Work in Latin Americanist Geography." The Professional Geographer 55(2): 180-190.
- Thapan, Meenakshi (2003). "Marriage, Well-being and Agency Among Women." Gender and Development 11(2): 77-84.
- Turner, Bryan S. (1992). Regulating Bodies: Essays in Medical Sociology. London, Routledge.
- Uberoi, Safina (Director) (2001). My Mother India [video]. UK, Ronin. 52 minutes.
- Underhill-Sem, Yvonne (2001). "Maternities in 'Out-of-the-Way' Places: Epistemological possibilities for Rethorising Population Geography." International Journal of Population Geography 7: 447-460.
- Underhill-Sem, Yvonne (2002). "Embodying Post-Development: Bodies in Places, Places in Bodies." Development 45(1): 54-73.

- Underhill-Sem, Yvonne (2003). "Marked Bodies in Marginalized Places: Understanding Rationalities in Global Discourses." Development 46(2): 13-17.
- United Nations (1995). Population Consensus at Cairo, Mexico City and Bucharest: an Analytical Comparison. Department of Economic and Social Affairs, Population Division. NY, United Nations. No. ST/ESA/SER.R/142: 165.
- Unnithan-Kumar, Maya (2003). "Spirits of the Womb: Migration, Reproductive Choice and Healing in Rajasthan." Contributions to Indian Sociology 37(1-2): 163-188.
- Unnithan-Kumar, Maya (2004). Conception Technologies, Local Healers and Negotiations around Childbearing in Rajasthan. Reproductive Agency, Medicine and the State: Cultural Transformations in Childbearing. M. Unnithan-Kumar. New York, Berghahn Books. 3: 59-81.
- Unnithan-Kumar, Maya (2004). Introduction: Reproductive Agency, Medicine and the State. Reproductive Agency, Medicine and the State: Cultural Transformations in Childbearing. M. Unnithan-Kumar. New York, Berghahn Books. 3: 1-24.
- Valentine, Gill (1997). Tell me about... Using Interviews as a Research Methodology. Methods in Human Geography. R. Flowerdew. US, Prentice-Hall: 110-126.
- Van Hollen, Cecilia Coale (2003). Birth on the Threshold: Childbirth and Modernity in South India. New Delhi, Zuuban.
- Virdi, Jyotika (1986). Hamara Sharir, Hamara Haqq [Our Bodies, Our Rights]. New Delhi, Jagori Publications.
- Visvanathan, Nalini (2002). Theories of Women, Gender and Development (Introduction to Part 1). The Women, Gender and Development Reader. N. Visvanathan, L. Duggan, L. Nisonoff and B. Wyss. Halifax, Nova Scotia, Fernwood: 17-32.
- Viswanath, Kalpana (2001). Whose Body, Whose Health? Towards Equality: A Symposium on Women, Feminism and Women's Movements, New Delhi, India, Seminar.
- Vlassoff, Carol (1996). Against the Odds: The Changing Impact of Schooling on Female Autonomy and Fertility in an Indian Village. Girls' Schooling, Women's Autonomy, and Fertility Change in South Asia. R. Jeffery and A. M. Basu. New Delhi, Sage: 218-234.
- Ward, Kevin G. and Martin Jones (1999). "Researching Local Elites: Reflexivity, 'Situatedness' and Political-Temporal Contingency." Geoforum 30: 301-12.
- Whittaker, Andrea (2001). Empowerment or Control? Northeast Thai Women and Family Planning. Borders of Being: citizenship, fertility, and sexuality in Asia and the Pacific. M. Jolly and K. Ram. Ann Arbor, University of Michigan Press: 203-231.
- Women's Groups Set Their Face Against Two-Child Norm (July 12, 2005). The Hindu. New Delhi: 12.
- Women's Rights International (2005). WRI Current Research, March 2005. Retrieved on September 22, 2006, from: <http://www.widowsrights.org/researchnews2.htm>



Wood, Cynthia A. (2001). "Authorizing Gender and Development: "Third World Women," Native Informants, and Speaking Nearby." Nepantla: Views from South 2(3): 429-447.

Young, Kate (2002). Gender and Development. The Women, Gender and Development Reader. N. Visvanathan, L. Duggan, L. Nisonoff and B. Wyss. Halifax, Nova Scotia, Fernwood: 51-53.

## **Interviews**

Interview 99, Durga. Charity Hospital, New Delhi, India. July 10, 2005

Interview 100, Focus Group. Interviewed in Daultabad Village, India. July 29, 2005

Interview 101, Padma. Interviewed in Daultabad Village, India. August 17, 2005

Interview 102, Gayatri. Interviewed in Daultabad Village, India. August 17, 2005

Interview 103, Sita. Interviewed in Daultabad Village, India. August 18, 2005

Interview 104, Annapurna. Interviewed in Daultabad Village, India. August 18, 2005

Interview 105, Sita. Interviewed in Daultabad Village, India. August 24, 2005

Interview 106, Rani. Interviewed in Daultabad Village, India. August 24, 2005

Interview 107, Baka. Interviewed in Daultabad Village, India. August 24, 2005

Interview 108, Padma. Interviewed in Daultabad Village, India. August 24, 2005

Interview 109, Matrika. Interviewed in Daultabad Village, India. August 26, 2005

Interview 110, Rani. Interviewed in Daultabad Village, India. August 26, 2005

Interview 111, Parvati. Interviewed in Daultabad Village, India. August 26, 2005

Interview 112, Padma. Interviewed in Daultabad Village, India. August 26, 2005

Interview 113, Sarasvati. Interviewed in Daultabad Village, India. August 26, 2005

Interview 114, Baka. Interviewed in Daultabad Village, India. August 30, 2005

Interview 115, Devi. Interviewed in Daultabad Village, India. August 30, 2005

Interview 116, Parvati. Interviewed in Daultabad Village, India. August 30, 2005

Interview 117, Sarasvati. Interviewed in Daultabad Village, India. August 30, 2005

Interview 118, Varuni. Interviewed in Daultabad Village, India. August 30, 2005

Interview 119, Varuni. Interviewed in Daultabad Village, India. August 31, 2005

Interview 120, Sita. Interviewed in Daultabad Village, India. September 5, 2005

Interview 121, Ahimsa. Interviewed in Daultabad Village, India. September 5, 2005

Interview 122, Rani. Interviewed in Daultabad Village, India. September 5, 2005  
Interview 123, Purvaja. Interviewed in Daultabad Village, India. September 5, 2005  
Interview 124, Kali. Interviewed in Daultabad Village, India. September 5, 2005  
Interview 125, Parvati. Interviewed in Daultabad Village, India. September 7, 2005  
Interview 126, Neeto. Interviewed in Daultabad Village, India. September 7, 2005  
Interview 127, Rani. Interviewed in Daultabad Village, India. September 7, 2005  
Interview 128, Annapurna. Interviewed in Daultabad Village, India. September 7, 2005  
Interview 129, Miskeenah. Interviewed in Daultabad Village, India. September 7, 2005  
Interview 130, Mumatz. Interviewed in Daultabad Village, India. September 7, 2005  
Interview 131, Miskeenah. Interviewed in Daultabad Village, India. September 12, 2005  
Interview 132, Mumatz. Interviewed in Daultabad Village, India. September 12, 2005  
Interview 134, Nitya. Interviewed in Daultabad Village, India. September 1, 2005  
Interview 135, Parvati. Interviewed in Daultabad Village, India. September 12, 2005  
Interview 136, Sarasvati. Interviewed in Daultabad Village, India. September 14, 2005  
Interview 137, Parvati. Interviewed in Daultabad Village, India. September 14, 2005  
Interview 138, Aishani. Interviewed in Daultabad Village, India. September 14, 2005  
Interview 139, Madhu. Interviewed in Daultabad Village, India. September 14, 2005  
Interview 140, Miskeenah. Interviewed in Daultabad Village, India. September 14, 2005  
Interview 142, Venya. Interviewed in Daultabad Village, India. September 15, 2005  
Interview 143, Lalasa. Interviewed in Daultabad Village, India. September 15, 2005  
Interview 144, Padma. Interviewed in Daultabad Village, India. September 15, 2005  
Interview 145, Sandeep. Interviewed in Daultabad Village, India. September 15, 2005  
Interview 146, Saroj. Interviewed in Daultabad Village, India. September 15, 2005  
Interview 147, Kali. Interviewed in Daultabad Village, India. September 15, 2005  
Interview 148, Matrika. Interviewed in Daultabad Village, India. September 19, 2005  
Interview 151, Devi. Interviewed in Daultabad Village, India. September 19, 2005  
Interview 152, Parvati. Interviewed in Daultabad Village, India. September 19, 2005