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Women's Beliefs about Disease and Health

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In a vast, multi-ethnic, multi-religious country like India, it is to be expected that we have several world-views operating at the same time in people's search for health and healing. The perspectives that have dominated and permeated countrywide have been, of course, Ayurveda, Siddha, Unani and Tibetan medical systems. Modern medicine has been a late entrant, and primarily because of colonial patronage, and now state patronage, it appears to be edging out other indigenous traditions. Local health traditions, the lok swasthya paramparas, have generated local perspectives and meanings. Changing perspectives and meanings in turn have continued to modify and change local health traditions over time.

A south Indian folktale tells us of an old woman searching intently for something in the street on a dark night. Somebody passing by asks her, 'Have you lost something?' The old woman replies, 'Yes, I've lost some keys. I've been looking for them all evening.'

"Where did you lose them?"

"I don't know. Maybe inside the house."

"Then, why are you looking for them here?"

"Because it's dark in there. I don't have oil in my lamps. I can see much better under the street lights," the old woman replies.

Our search for meaning in local health traditions is like the old woman's search for lost keys - we are looking for it in the wrong place, under the light, in the written codification's of sanskritised, brahmanical texts of Charaka, Sushruta, Kashyapa etc., instead of in our local health traditions themselves.

For the common people in India, each local health tradition is a strategy of making sense out of illness 'disease and life in the context of a given social heritage. For a woman, especially, the act of giving meaning to episodes of illness and disease is part of her essential strategy for survival. These meanings have

taken shape as folklore and myths, as beliefs and rituals, and as stories and local history. The sheer variety of these meanings and meaning-imbuing exercises is mind boggling. This chapter, and succeeding chapters, can only succeed in giving a flavour of the cultural abundance of India. In doing so, we mostly restrict ourselves to the situation of women's health in the communities that Shodhini has worked with, and continues to work with, namely:

- Dalits, Shaiva Reddys, Lambadis, Kaka Muslims in Chick-magalur, Karnataka (Aikya's work area)
- Dalit Christians, other backward communities and Muslims in Zaheerabad, Medak district, Andhra Pradesh (DDS's work area)
- Bhil tribals and other backward castes in Panchmahals, Gujarat (SARTHI's work area)
- Khol tribals of Banda (Mahila Samakhya work area); and Dalits and Gujjars of Saharanpur, Uttar Pradesh (Vikalp's work area)
- Balais, Nais, Muslims and other communities from Dewas district, Madhya Pradesh, (Eklavya's work area)
- Various mixed communities from many states living in the slum resettlement colonies of Delhi (Action India's / Sabla Sangh's work area)

During our research we also came across various kinds of healers who practised either medicinal healing or spiritual healing or a mixture of both.

Patriarchy, Sexuality and Women's Health

Exactly which health problems should women bother about? Which problems should they seek to cure through a healer outside their homes? The answers to both these questions are given by men in the community. Women rarely, if at all, have a say. Most women suffer in silence and stick to their homes and hearths. In their apparent retreat, women, of course, are trying to cope by using whatever outlets are available e.g., religion and spirituality. (We shall discuss them later in the chapter.) Another is, by using locally available plants and related remedies.

Patriarchy's devices for controlling women are by defining norms for girl-like/woman-like behaviour, the 'good' mother and the 'ideal' wife. A major reason why men seem to be keen on controlling women is their fear that women's sexuality will run amuck and upset the social order. The dominant segments of patriarchy seem to be worried about what will happen to caste

purity, and more importantly, to the inheritance of property, if men have sex with women outside, or 'beneath', their caste. Brahminical patriarchy in India has a long history of subordination of women, going back to the early Aryan constructs of how women should behave. The most important of these early constructs was *pativrata* (the concept of the chaste, obedient, duty-fulfilling wife) or *stridharma*, a construct which has had the willing acquiescence of women in its practise:

In the case of Hindu society, the design of the patriarchal caste-class structure was mapped out by the Brahmans; pativrata, the specific dharma of the Hindu wife then became the ideology by which women accepted and even aspired to chastity and wifely fidelity as the highest expression of their selfhood...

The success of any system lies in the subtle working of its ideology and in that sense the pativrata concept was the masterstroke of Hindu-Aryan genius. It was, in our view, one of the most successful ideologies constructed by any patriarchal system, one in which women themselves controlled their own sexuality. The actual mechanisms and institutions of control over women's sexuality, and the subordination of women, was thus made completely invisible and with it, patriarchy was firmly established as an ideology since it was naturalised...

*As outlined by Manu and elaborated and repeated by Tryambaka . . . stridharma was clearly an ideological mechanism for socially controlling the biological aspect of women. Women, as biological creatures, are representatives of a wild or untamed nature. But through stridharma the biological woman can be converted into woman as a social entity, in whom the biological has been tamed. By contrast, in Kaliyug there is an inversion of the system in which women lapse into unrestrained behaviour disregarding stridharma and throwing off all morals. The wicked and essential nature of women then must be subordinated and conquered by the virtue of the ideal wife. Once the tension between nature and culture is resolved women can emerge triumphant as paragons of virtue ... ultimate social control is achieved when the subordinated [here, women] not only accept their condition but consider it a mark of distinction. **Uma Chakravarti, 1993***

Any woman who has lived in Hindu society knows the power of this ideology and how successfully, down the ages, girls and women have been constrained. Women's sexual behaviour, and reproductive milestones like puberty, pregnancy, miscarriage, abortion and menopause, continues to be closely monitored, and appropriate controls enforced through these milestones to keep women in check.

Preference for a Male Child

Defining a woman's primary social function as one of assuring caste continuity and continuity of property through sons, has resulted in the overwhelming importance given to the birth of sons. Daughters are in turn undervalued and underfed, resulting in the low number of females per 1000 males. Rituals are modified to add to the supposed importance of sons: funeral rites, for instance, of Hindu parents can only be performed by sons and in the absence of sons any male, can do the task (there appears to be, however, no scriptural prohibition against daughters or women performing such rites).

Durgabai of M.P. in conversation with Anu of Shodhini recalls such received wisdom among women, while discussing the problem of infertility:

*Durgabai : It is the man's fate whether he will have children or not (**Aulad to aadmi ki kismat me hoti hai**). Look, we are three sisters. My father always wanted a son. He beat my mother brutally. He frittered away all his earnings on liquor because he thought for whom should he earn. My mother has taken all kinds of treatments - **jatras, nahnis** (ritual baths) and visited a number of priests. But, Anubai, you know all the facts, why are you asking me all this ?*

Anu : Durgabai, you just said that having a child is the man's fate, but the treatments you describe are all for the woman. Isn't there any for man ?

Durgabai (a bit surprised by the question): No, I never heard of any.

The power to reproduce is attributed to the man while ill-treatment for failure to reproduce a child or male child is meted out to the woman.

In some parts of Sahranpur, U.P., it is believed that a woman who has not given birth to a son can do so if she sets fire to somebody's hut. Pushpa of Badkala village, was blamed for setting fire to her neighbour's house by the whole village for no fault of hers but that she has three daughters.

Though a male child is given so much importance there is a belief prevalent that daughters are also necessary, not for themselves, but to tie *rakhi* to their brothers and because they bring prosperity, Lakshmi, to the family. As Babuial Malvi of Sonkutch, Dewas, says, "Producing only sons is sinful (paap lagta hai). A daughter brings dharma or punya to the family."

Gender bias naturally creeps into proverbs and from there, to literature. According to the Khol women of Banda, a woman is like a tamarind or neem tree-she can thrive on her own, without much care. But 'A man is like a mango tree requiring a lot from nurturance and care before it can produce its fruit,' as

one of the women of Dewas points out. Such beliefs are internalised by most women and this in turn is reflected in the lack of care they take of themselves.

Social Control of Menstruation

Patriarchal societies have tended to control women by first announcing menarche (the onset of menstrual cycle in a young girl) to the world in an apparently celebratory fashion while thereafter attempting to control the implied fertility and sexual power by monthly rites of pollution, restriction and isolation of the menstruating woman.

The various names for menstruation or 'periods' point to its polluting quality. For instance in Gujarat, it is called *cheti besi* (sitting separately). In Malwa, it is called, *door bhaitana* (sitting far away) or *chule se bahar* (secluded from the kitchen) or *chinne se hai* (untouchable). However, in some areas it has more positive connotations. For instance in Telugu, it is called *samurta* or *peddamanshi* meaning attaining maturity. Menstrual blood is believed to be polluting. There are varying restrictions put on a girl due to this belief such as not touching people or hanging washed clothes out to dry; not touching certain flowering plants lest they die or not fruit; sleeping on a jute bag or woollen blanket away from others. A woman cannot touch her child during menstruation. If she has to, the child must first be unclothed completely or made to wear silken clothes. Visiting or touching images of gods, temples, religious scriptures is also prohibited. A fear is inculcated in the adolescent that she will sin if she breaks these taboos. Restrictions are also placed on diet. These pollution taboos result in many women getting an enforced rest for at least these three days of the month since they are barred from carrying out their normal activities.

Not only is menstrual blood supposed to be dirty, but evil too. A menstruating girl should not let her shadow fall on a child with measles lest the child turn blind. The used menstrual cloth also possesses an evil quality. If men see the cloth, dry or otherwise, they could go blind. If a cow were to swallow the cloth she would curse the girl with infertility. In villages in A.P., women do not throw their menstrual cloth-they either burn it or bury it.

There seem to be some similarities between Hindus and Muslims regarding the practice of some of these rituals. Among Muslims, the menstruating woman should not touch holy books lest they become impure. Converted Christians follow, although to a lesser degree, the rituals of their original castes. The taboos and rituals clearly devalue women's reproductive powers. The notion of women being polluted and unclean can be ascribed to patriarchal control of women's reproductive powers. While the woman fulfils a vital social role of giving birth to

progeny through her biological reproductive capacity, she is, at the same time, isolated during menstruation.

Rites of Puberty

Most women do not know about the physiology of menstruation and therefore the first experience of menstruation is filled with fear, shame and disgust. In some areas such as in M.P. and U.P., the girl is sometimes told to rub three or four dots of menstrual blood or mustard oil on the wall and draw a line between the second and third or third and fourth; it is believed that she will finish her menstruation within two and a half or three and a half days in all subsequent periods.

Elaborate rituals are performed in south Indian states-as well as in many parts of north India-at the onset of menstruation. The onset of puberty is traditionally viewed in terms of the girl's emergent sexuality and prospective motherhood. The pubescent girl is given an elaborate ritual bath, after a massage with turmeric and vermilion. The Telega community in A.P. isolate the pubescent girl for 21 days within the house, away from the male gaze. The room in which she is secluded is separated with an iron rod and a fire is kept constantly burning during this period. Fire signifies purity and also keeps away *daiyyam* or witches and evil spirits. The girl is polluted and hence prohibited from touching people and other people are not allowed to touch her. In case of default, a bath is essential for ritual purification.

Although women are more or less marginalised and neglected in relation to the quality and quantity of food, certain occasions in a woman's life are celebrated with the offering of a variety of nutritious foods specially prepared for her. Almost every community has the practice of feeding a girl on her first menstruation with delicious and nutritive foods, with the time of seclusion for the period ranging between nine to 21 days. In parts of A.P., sweets made of jaggery, groundnuts, sesame, fenugreek, wheat flour and sorgum are given to the girl. Menstruation for the first time in the house of one's in-laws is also considered very auspicious in some regions of M.P. and A.P. and is celebrated with gaiety. Similarly in Karnataka, across different communities (for instance, Holluru, Baguru and Lingayat) the girl is fed with a rich diet of raisins, sesame, ghee, almonds, etc. The idea seems to be to give the girl 'rich', that is, strength-giving foods as well as both 'hot' and 'cold' foods.

Certain 'hot' foods (like jaggery) and 'cold' foods (like tamarind and lemons) are taboo as it is believed that the girl will suffer from menstrual pain. 'Hot' foods may cause heavy bleeding and 'cold' foods may cause severe menstrual pain. Special foods are understood to compensate for the loss of blood, regularise the

menstrual cycle and flow, strengthen her reproductive organs and generally contribute to her fertility.

Marriage, Motherhood and Infertility

Right from the time she is a little girl, a woman is brought up with the idea that marriage is her goal and thereafter, becoming a mother is the final legitimate destination. Most women continue to believe that this is their socially allotted role.

The function of the mother is to bear children and bring them up, if necessary, as is often the case, at the expense of sacrificing and neglecting her own needs and aspirations.

*The worst offence a woman is guilty of is not to bear children. Her life is reduced to violence, rejection and misery. Her role is to produce children. Her parents send her to her husband to produce children. A barren woman has no place. **Sarojini, on her experience with women of Saharanpur***

The ill-treatment and ostracism meted out to a childless woman is probably universal. In Dewas, M.P., too, the childless woman, and not the man, is harassed, beaten, insulted, threatened by remarriage of her husband, or deserted. She is called names like *banjh*, or *banjhni* (meaning barren) or *sookhi kokh* (dry womb).

The responsibility for treatment of infertility also lies solely with the woman. She gets herself examined by a dal, who checks for entangled tubes, a tipped uterus, a small cervical opening, or excessive heat in the cervix. She massages her to smoothen out the entangled tubes or gives her some herbal treatment to reduce the heat in the cervix. If these do not help she goes for *khol bharapia* or *bandobast* (see Box 1) to a female/male healer who gets possessed by a god or goddess. A male healer can be possessed by a god or goddess but a woman healer only by a goddess; if her family is cooperative she is also 'taken' to a doctor. The doctor usually prescribes hormonal pills, nutritious food or tonics, dilatation and curettage for the woman, and a semen test for the husband. Rarely do men undergo the semen analysis. The man has hidden fears that he will be called names by the community or that his wife may leave him if the 'defect' be found in him. He is supported by a strong belief that the cause of childlessness lies most often in a woman and seldom in a man. All these beliefs seem to be designed to a man's advantage.

Box 1. Khol Bharana, Goad Bharai or Filling the Lap: an example of self-healing and group therapy from Dewas

The ritual of khol bharana is performed on a full moon night at the temple of a local goddess or god.

Women with many kinds of problems (from a drunken, unemployed husband, a sick child, or their own childlessness) visit the baba or woman who gets possessed with the maharaj or mata. Both the male and female healers can be possessed by Kali, Amba, Durga, Parmeshwari or *pari* (spirit of a good, dead person). Only the male healer can be possessed by a male god such as Bheru Maharaj.

First, the healers predict whether the woman can conceive or not by a rite called *moot udana*. The healers circle the woman's head 21 times with a handful of jowar (a staple millet). If the grain falls into her lap then she is unlucky and if it does not her case is considered positive. After this the childless woman talks to the healer quite freely. She expresses her anguish, her difficulties and demands help from the mata who listens patiently. This is followed by goad bharai (filling the lap). The mata places a bundle (potli) of rice wrapped in a new piece of cloth and a coconut, in the lap of the woman which the woman has been asked to bring along. Then she ties a *taweez* (a talisman) around her arm. The mata gives her advice, which may also consist of visiting a good doctor or hospital. After this, the mata places some restrictions. The woman should not sit on another person's *dehliz* (threshold); she should not visit her parents' home or spend a night there, and not touch a woman who is menstruating. Moreover, she cannot let anybody touch her back and she cannot touch anybody's feet either. However, these restrictions are negotiable if they are unsuitable for her.

Following khol bharana, all the women and the healer go for nahnai (spiritual bath) in the early hours of the morning. The old clothes they are wearing are discarded and freshly washed clothes are worn. The healer or her assistants pierce an iron nail into a specific tree to ward off any evil spirits troubling the woman. Every woman performs a pooja in the devi's temple, draws an inverted swastik (ulta satiya) with cowdung on another tree behind the devi's temple.

If the woman conceives she returns to the healer after three months or after her delivery to return the rice potli, to give her a gift and draw the satiya (swastik) the right way.

The whole process is therapeutic. The open relationship between the woman and the mata, helps release a lot of pent up energy, feelings of anger and frustration. It instills confidence in her that she can conceive. Since a large number of women are present with similar problems, including those who have conceived through this process, the process becomes a group therapy session giving the childless woman hope in her otherwise 'hopeless' life as a 'barren' woman.

A Rajasthani folk tale on male infertility attempts to be more logical and attributes infertility to men, too:

Ramdevpir's father, Ajmal, did not have children, and was considered infertile. One day, villagers going to the fields to sow a new crop of seeds, met Ajmal on

the way and turned their faces to return to the village. He was very offended and asked them the reason for their behaviour. They told him it was inauspicious to start sowing if an infertile person's shadow fell on their fields. So Ajmal did penance before Lord Brahma who, after being appeased, offered him two sons. Ramdevpir was the first one. Today, in parts of Rajasthan, the infertile worship Ajmal.

Popular beliefs about infertility, among the village people of Karnataka, are that herpes and terrible menstrual pain are caused by ghosts and spirits inhabiting the forest; severe menstrual pain is like 'a buffalo churning the uterus' and can inhibit the process of fertilisation, causing barrenness; and women with ordinary menstrual pain can conceive but will have miscarriages-this belief appears to be a description of endometriosis which, indeed, is a cause of infertility.

It is clear from these beliefs and practices that infertility and childlessness is a heavy burden for most women, for they are naturally expected to be mothers. Adoption of a male child from the same caste is an acceptable last resort in many communities but then only males are adopted because only males can ensure the passage of parents to the other world. Sons and fathers do not ask women whether they enjoy motherhood. Social compensatory mechanisms, probably of guilt, then elevate the mother conceptually, with all the attendant values of nobility and selflessness. Mother becomes a metaphor for one's language, one's nation and even one's god, while the flesh and blood mother continues through history with her cross of motherhood. With every episode of glorification of motherhood, it becomes more difficult for women to break the myth.

A web of beliefs about conception and fertility emerges because of the fear of childlessness, which makes known a woman's inability to fulfil her socially expected role of mother. With these beliefs arise desperate acts to conceive and give birth to a son:

A woman may not conceive if the mouth of the uterus is aundha (tipped) and if the woman has too much heat in her body. The heat will kill the man's seed and the woman will not conceive. Geeta Bai, a trained dai from village Narwar, Ujjain

A woman should not get up from the lying position immediately after intercourse. If the pani (semen) falls out she will not conceive. Shakun, village Arlavda, Dewas

It is surprising to find a male cause of childlessness mentioned:

When a couple comes for help to get a child, the man's semen is examined. If it is thick it cannot produce a child. I give treatment for semen to become thin. I also treat the woman if needed but I do not examine her. Sana Bhai, Panchmahals, Gujarat,

The Custom of 'Exchanging Wombs'

As seen earlier, various treatments and rituals are used to treat childlessness—herbal massage for the man and woman, and jatras, nahnis, etc. Another interesting belief is that women can conceive through the help of another woman.

In Banda, U.P., the custom of *kokh badalna* (exchange of wombs) is performed. A recently delivered woman performs a purification ritual. She does a *parikrama* (circumambulation) around a well with a group of women. She distributes some raw rice to the women and all of them throw it into the well. From that day onwards the *jaccha* (lactating mother) can fill water from the well. Any woman in that group who wishes to have a child will keep some of that rice. When she is clean (that is, not menstruating) she must cook the rice, eat it secretly, and have intercourse on the same day. It is believed that she will conceive on that very day. If the *jaccha* had given birth to a boy, the new conception will be a girl and vice versa. Hence the name '*khokh badalna*' or exchanging wombs.

In the Malwa region it is believed that, if a childless man remarries and if the second wife conceives, the first wife who was childless will also conceive. This custom is called *saut kokh* (or step-womb). The belief in this custom is so strong that a woman may encourage her husband to get a second wife for the sake of conceiving a child herself.

Beliefs about Abortions

A spontaneous abortion often results in severe blood loss and is therefore considered very harmful as it can cause anaemia and weakness. It is ironical however, that though spontaneous abortions are considered serious, they are so much a part of women's lives that nothing much is done about them.

Due to malnutrition among girls and women, and due to the custom of early marriage, spontaneous abortions are common. Banu Chachi of Hatpiplia, Dewas, reflects popular belief when she says, 'Sau adhoora, ek poorā (a hundred incomplete births and then one full birth).'

Bitter herbs, like neem or bittergourd, are not given to pregnant women as they are believed to cause abortion, deformity or death of the foetus. If a bitter medication is necessary, the root is used (because roots are considered less bitter than the leaves, according to Sana Bhai, Panchmahals, Gujarat).

Another belief, prevalent in Chickmaglur, Karnataka, is that excessive heat in the woman's body can cause abortion. Nanki of Saharanpur reasons similarly: If there is excessive oil in the lamp, the lamp flickers. In the same way if there is

excessive heat in the body, the womb cannot hold the foetus, and abortion occurs.

In A.P. and Karnataka, one popular belief is that if pregnant women jump or even walk across ditches, it will cause an abortion. Rajasthani women settled in Delhi believe that pregnant women who work hard at pulling handcarts will miscarry.

Heavy work during pregnancy, lifting heavy loads, working hard in the heat, injuries to the abdomen, uterine weakness, prolonged vaginal infections and eating foods like raw papaya, can result in spontaneous abortions.

In summary, the beliefs appear to be largely grounded in past experiences of women; however, it is difficult to relate some of the beliefs causally with abortions. We may surmise that these were probably generalised from particular individual experiences.

Food Practices, Beliefs and Women

Patriarchy and Women's Diet

In line with the secondary status of women and girl children in society, there also appears to be discrimination with respect to the food intake of women. In our self-help workshops, our rural colleagues would make statements like, "Food is important but I never eat with the men and children of the family ... I serve them first and eat what is left over." The ideology of the good wife and the good mother demands that the woman eats last and eats what remains after her children are fed. Within families, when there is limited availability of food, sons are fed before daughters. The girl child learns early her lessons of self-denial and sacrifice by the denial of her rightful share at home. Often the person who controls the income in the house controls the food allocations within the family. Even if women do the earning, their incomes are placed in the hands of male decision-makers in the family. Added to this, the multiple demands on a woman rarely gives her enough time to either feed her children or feed herself. We have realised during our work that often when women say they are on a fast, the underlying reasons for the fast are not always religious: the fasts could be self-enforced because of lack of food and are a more acceptable way of saying 'we do not have enough food at home'. We found more of our women than men fasting at any given time.

Religion has also prescribed many dietary restrictions on women, especially on widows. Widows are not supposed to eat 'good' food-things like garlic, non-vegetarian food items etc. are taboo for them. The idea is that without the man in

her life, the woman should lead a life of renunciation and spirituality. Without their husbands around, they are not supposed to eat tamasic (aphrodisiac) food as it may stimulate their sexual desires.

The only time a woman can eat with no restrictions is during the onset of puberty when she is fed ritualistically. This we have described in the earlier section on Social Control of Menstruation.

Food for Pregnant and Lactating Women

During pregnancy and lactation, many traditional communities across the country restrict a woman's food intake. It is believed that if a pregnant woman eats too much, the foetus will not have room to move. The abdomen is supposed to contain both the food and the foetus and the latter's space needs should be given greater priority. Another reason for controlling a pregnant woman's food consumption is perhaps that excess weight would reduce the productivity of her work in the fields and around the house. A widely prevalent practice all over India is *shrimanta*. In the seventh month of pregnancy special rituals are performed and different types of sweets are prepared and given to the parents-to-be. The purpose is to give moral support and encouragement to the pregnant woman and celebrate her achievement of having reached near full-term. The sweets are generally made of wheat flour, jaggery, ghee, fenugreek and dry fruits. In the final stages of pregnancy, the pregnant woman is supposed to eat these foods custom every day. This is a good custom because it provides the calories and protein needed for the rapidly growing foetus in the last trimester of pregnancy.

Several foods are also taboo for pregnant women: milk and milk products, groundnuts and any sticky or white substance (e.g., bananas). Midwives believe that the 'white covering' on the baby (vernix) is caused by such foods, and that this white covering delays the birth of the child because of this covering, they say, 'the baby gets stuck inside the mother'. 'Hot' foods like bajra (a staple millet), eggs, etc. are forbidden. Papaya, too, is not to be eaten in pregnancy because it contains papain which is known for its proteolytic activity (i.e., it hydrolyses protein) and is a possible abortifacient.

In Gujarat, eating or drinking sour things, for example, buttermilk, during pregnancy is taboo. It is believed to cause tetanus (dhanuri). This practice is also found in ayurveda. Ayurveda believes that sour things stop wounds from healing.

Some food items are universally eaten during pregnancy and lactation: fenugreek, gum (goondar) of acacia, catechu (pan parag), ajwain (bishop's weed

or Carum copticuin). These are considered strength-giving and also milk-producing (galactogogues). Tribal women also eat mahua flowers-these are regarded as a good source of energy for pregnant and lactating women.

In our villages, after delivery we were given a kheer (porridge) made of asadio (garden cress seeds). My mother gave me this telling me that it is 'hot' and that if I had it I would never get back pain! **Waliben, a SARTHI arogya sakhi**

Festivals Fasts and Women

Festivals are other occasions when special food practices are followed. Sometimes these work for the benefit of women and sometimes they are quite harmful. For instance, in Bengal, the night before Diwali is considered very special. Fourteen ancestors are supposed to visit the family and dine with them. Women welcome them with fourteen lamps placed in all directions. Many varieties of green leafy vegetables are cooked on this day to felicitate the ancestors. The entire family, and especially the women are supposed to eat these vegetables. The compulsions of religion in this case, work to the advantage of women.

In Gujarat, the month of Shravan (July-August) is the time for religion-prescribed fasts. Ayurveda also believes that in the rainy season the body can do without much food and recommends fasting. However, this is the time of the year when agricultural workload is at its peak: at this time women need all the energy they can get, yet they fast for religious reasons.

Social Stressors

In addition to supernatural beliefs about what brings on disease, women also have some beliefs about the non-physical causes of ill-health. The most commonly found syndrome was 'weakness' which consists of fatigue, body ache, ghabrahat (a generic term used for anxiety, fear, restlessness, trepidation, etc.), pallor, low backache and burning of palms and feet. Women attribute weakness to:

1. Poverty, not enough food, overwork and neglect
2. Repeated child-births, spontaneous abortions, lack of care during and after pregnancy, contraception and forced sterilisation
3. Unavailability, inefficiency and skewed priorities of the government health care system

4. An exploitative private health care system
5. Lack of respect for the poor, especially women, by doctors and paramedics
6. Lack of freedom to seek medical help from a nurse or doctor on their own
7. Deforestation resulting in women not getting herbs they could get earlier to treat some of their health problems
8. Increased violence resulting in poor physical and mental health

Thus poverty, illiteracy and social backwardness complete the subordination of women. In reality, therefore, most women carry a tremendous degree of mental anguish and agony. How does mental agony and the war within manifest itself? How do women attempt to cope with anguish? There seems, primarily, to be two ways: by invoking the visitation of a 'devi' or 'the spirit'; and by seeking meaning within a spiritual, religious framework or from the lives of saints, especially women saints.

But first let us listen to some of our women's voices and their more earthy solutions:

*If the mind is sad (man udas hota hai), there is no interest in anything (man nahi lagta), there is loss of appetite, it can be called a kind of illness. This can happen because of jadu tona, nazar lagna or devi chadne se (respectively, black magic, evil eye or possession by a devi). If the woman remains in such a state for a long period she will go crazy. **Women of Saharanpur, U.P.***

*Our mind is like a lotus flower. Sometimes it goes crazy (urati jai). This happens if the woman has too much tension in her house. She should take a white lotus, either dry or fresh, and soak it in water overnight. She should drink this water, it will soothe and calm her. **Prembai, Hatpiplia, Dewas***

*Family tension causes mental tension and mental disturbances. Going on a jatra is the best treatment. The healer recites mantras and performs some rituals by which the bhoot (ghost) or dakin comes out of the body. We can make out a dakin by her voice. It is different. **A group of men front Tonkhurd, Dewas***

The Goddess and The Demonic Feminine

Dais, Dakins and Rituals

Dais (traditional birth attendants) have often been seen as the lowest link in the official health care system: a rather tragic discount of someone who is usually a child's first human link to the world. Janet Chawla notes the surprising absence of the dai from anthropological and sociological literature: "I have found no serious work on the role of the Indian dai which conceptualises her as anything other than a substandard obstetrician or a glorified sweeper." Dais however see themselves as serious practitioners of time-hallowed rites that help a pregnant woman bring forth a new being into the world. They consider their work to be imbued with enormous spiritual significance-helping to create a space exclusive to women at the time of delivery; and initiating and performing appropriate rites that impart a sacredness to the birthing process a sacredness that is absent in the ambience provided by the modern obstetrician in a hospital setting. According to Chawla, the dai also invokes the protection of a "holistic, aniconic goddess whose realm is both life and death, fertility and disease . . . Her ritual practice is empowering to women in facilitating labour, reaffirming bonds among women and validating the power and sacredness of the woman's body."

The power of a woman's reproductive and birthing process, and the mediating presence of the dai, have both been sought to be marginalised by a patriarchal, upper caste hegemony-by relegating midwives to almost the bottom of the caste hierarchy, and by declaring the blood of the woman giving birth, her colostrum and the birthing process itself, as polluting. Closely related is the pollution of menstrual blood and of the menstruating woman as also the blood at menarche and the blood of defloration (rupture of the hymen). Pollution, as we mentioned earlier, is a classic tool of the dominant, patriarchal hierarchy to weaken the power of women, a societal safety valve to distance men from women's sexuality. Pollution has been used as an instrument of both gender and caste subordination.

Possession by the Devi, Banamati and/or the Dakin

Banamati is a very common occurrence among women of A.P. and adjoining Karnataka. When women get possessed by banamati, they weep, cry, laugh, get fits of hysteria and lose their balance of mind. The cumulative effect of oppression also results in such a state of mind.

A woman -health worker with DDS used to suffer from banamati a few years ago. Among the other problems in her life, marital discord was a major one. joining DDS helped her develop her self-esteem. She is in a better bargaining

position today, even though her husband continues to harrass her. Her resulting self-confidence and self-assurance appears to be due to the realisation of her latent potential and the support she gets from working in a collective.

Possession by a dakin, bhoot or banamati, and the devi or goddess, seems to be a highly evolved way of expressing resentment against the oppression emerging from a woman's condition in society at large, and in the family with respect to husbands, in-laws, etc. Women also believe that they can be the target of mantras and magical incantations, a belief that, at its worst, disables them severely by bartering away the woman's own power of healing. The dakin on the other hand, if expertly negotiated with, can release a flood of feminine energy that can be used for the collective welfare of women.

In Dewas, Anu observed newly married girls, in the 15-20 year age group, being possessed by a devi. On probing into the experiences of these girls, she discovered some common underlying causes. A lot of work is thrust on a newly married girl, which she finds difficult to cope with. Economic difficulties and sexual incompatibility seem to be other causal factors. If the boy and girl are almost the same age and the girl more physically mature than her partner, she remains sexually unsatisfied. A married boy is expected, to earn and take care of his family especially in labour class families. If he is unemployed, he frequently vents violent frustration on his bride. In addition, the family members may also unfairly blame and harrass her for their son's unemployment. If unable to escape from such torment by any other means, such as running off to her maternal home, her frustration may find release through possession by a devi, when she can even speak out in the devi's voice.

Another mental disturbance which people of the Dewas area fear is *suan rog* (health problems affecting women during the 45 days after delivery which may include post-partum infection and depression). During interviews we discovered that some healers specialised in treating this symptom around the villages of Dewas.

The relationship between physical and mental health is extended to account for gynaecological problems. Women feel that problems like white discharge, infertility, low back pain, headache, weakness, heavy menstrual bleeding etc., are more likely to occur among women who are unhappy in their marriage due to ill-treatment or lack of affection on the part of the husband. However, a chronic problem is usually attributed to the evil eye, or evil spirit (see Box 2).

The evil spirit is called by various names: dayyam in Telugu, pischacha in Kannada, dakin in Gujarati and Malwi and dayyan in Hindi. There is a clear gender bias in the beliefs about possession. Women cannot be trusted, because

they can acquire an evil eye. For instance, the tribals of Panchmahals, Gujarat, scrutinise the credentials of the mother-in-law before marriage. If she is a dakin, that family is disqualified.

Who then is a dakin? The dakin is an invisible tormentor who visits the woman's body, ravages her with distress and disease and leaves only when appeased. A woman's repressed individuality and sexuality, in a patriarchal context, often leads to behaviour characteristic of a visitation from the devi or dakin. Also the woman who is seen to break society's norms ('doing her own dance'), tends to get labelled a dakin.

Closely related to the dakin is the idea of the churel, the unsatisfied ghost of a woman who dies at childbirth. The term churel, in popular usage in North India, has become a metaphor for the woman who dares to deviate from the patriarchal norm. Over the centuries an elaborate *raison d'etre* has been built around the churel whose one major function appears to be to take the blame for the high rates of infant, maternal and neonatal mortality and stillbirths. Ritual acts of omission, and occasionally commission, are seen to invite the dance of the churel. Non-standard expressions of male and female sexuality are also attributed, sometimes too conveniently, to churel.

Sudhir Kakar terms it one of the core fantasies of Indian culture, common to both Hindus and Muslims, 'the horrific vision of an overpowering feminine sexuality that exhausts, sucks and drains even the most powerful male to death,' relating it to

The Indian-male child's dread of the mother's 'demonic' eroticism so that later for many who fall ill and suffer from acute anxiety- become possessed by the jaljogini-the orgasmic act of love can become a fearful affair, transformed from normal "little death" into the dread of a permanent annihilation and emptying of the self. Here it seems that in the notions of jaljogini and pichalpairi, the Muslim bala has merged with the Hindu churel, the feminine spirit who appears as a seductively beautiful woman, recognizable from the fact that her feet point backward, and who strikes impotent any man who has intercourse with her.

Box 2. Jeeviben

Jeeviben is a childless woman around 45 years old. In 1985-86, when SARTHI, a rural development organisation working in the Panchmahals district of Gujarat, began making contact with the local village women, Jeeviben was amongst the first few chulha mistries that the organisation trained. In those early days, in our training shibirs (camps) and regular monthly meetings, whenever the other women would start talking about their children, Jeeviben would start having fits--her entire body would shake violently, her eyes would roll back and after some minutes of this violent reaction, she

would collapse in a heap. After a while, she would come around but be very weak and drained of energy. The other women connected her fits with feelings of shame and despair at her childless state. This was discussed in the group and Jeeviben agreed that she felt terrible at being called a baanjh. The other women told her that she was playing a very productive role--she was a change agent in her village, sought out by other women for chulhas and for saplings from her nursery. They reminded her that she was the first woman in her village to take a loan from the bank and buy her own bull.

Dispossessing and Befriending the Dakin

Alternatively, the dakin can be a route to invoking the power of the feminine within. Though some healers may prescribe soothing herbs, in accordance with the most prevalent belief that possession by the evil spirit or dakin results in mental disturbances, treatment is focused on bringing out the dakin. People also acknowledge that mental disturbances are a consequence of familial stress or other emotional tension. However, no direct intervention is made to reduce the interpersonal tensions in the family. But the process of 'depossession', especially those performed in sacred shrines, does give the woman an opportunity to express her pent up feelings, which have been suppressed for long periods.

To drive away the evil eye, dishti (Telugu) or nazar utarna (Hindi, Urdu), varying rites are performed in different regions. For instance, in South India and parts of U.P., red chillies, mustard seeds, salt and a piece of a broomstick are rotated 21 times around the 'afflicted' woman, passed under her left leg and thrown into the fire. If there is no burning smell then it is confirmed that she was affected by the evil eye. In Kerala too, tantric-mantric healers are quite popular. They are known by different names. Velichchapadu, a man representing the local deity, treats disease as well as removes evil curses that befall a family. Flowers offered to the deity are thrown on the afflicted as a remedy. Use is also made of talismans made of copper, silver or gold foil inscribed with tantric drawings and mantras, sanctified by poojas and worn around the arm or waist. To heal a person suffering from disease or mental imbalance, a length of thread consecrated by mantras is worn by the afflicted person. Drinking water sanctified by mantras spoken into it, burning palm leaves on which mantras are inscribed, application of oil sanctified by mantras or blowing over the affected part after reciting mantras are some of the methods used to treat physical and mental afflictions. Sometimes these practices are reinforced by chewing particular herbs. To exorcise evil spirits a more elaborate process may be required, such as visiting a shrine of a Sufi or Muslim saint, going on a jatra (religious travel or pilgrimage) to visit a baba or maharaj possessed by a devi or pari (spirit of a good person), performing ritual baths (nahni) or visiting a tantric. These shrines are usually secular and reflect how secular traditions have existed all along and how people entrusted their bodies to saints and sufis for healing and curing.

I think a dakin is after me. I have no happiness in both homes. My first husband left me very soon. My second husband speaks so badly to me. He beats me, too. Even though I am sick I have to do all the work. I only wish he would have meals with me, sit and talk to me. But he just goes and sits at the paan-shop. **Anwarbai, Ariavada, Dewas**

However, although tantra-mantra and visits to shrines provide psychological relief to women, one cannot ignore the deeper cause of their ill-health: depression, loneliness, overwork, a lack of caring on the part of the husband or family members and misdiagnosis and irrational treatment by private medical practitioners. The effectiveness of these therapeutic methods are highly enhanced if the feminine energies within are also allowed to engage in battling the collective concerns of many women.

Renu, a Shodhini member, tells of her experience, in a workshop with women from the Panchmahals, of how meaning was sought to be derived from the constructs of the devi and the dakin:

The healing work of the bhagats or the traditional healers is a part of this belief system and consists of appeasing and befriending the evil spirit. In a sense, this approach is essentially Jungian-individuation, through acceptance of the shadow self.

In relating these constructs to women's health, the work assumes overtones of feminist analysis. At a Mahila Shibir in the Panchmahals, we noticed that the concept of the dakin as a witch had been deeply internalised by the women. During the shibir, the women came out with several stories, one of which follows:

Two women of Rasiben's village had become dakins, or so said the village folk. The two women-turned-dakins could not dance as they wanted. So they would transform themselves into green chillies and dance. On one such occasion, a man who was passing by encountered these two green chillies dancing merrily, doing dandiya ras, the traditional Gujarati dance. The man did not know what to make of it. So he broke the dance of the two green chillies and tried to run away.

While escaping he was accosted by another man. This second man was actually one of the two dakins that had turned into a green chilli. He agreed to return with the first man to the scene of the dancing green chillies. As soon as they reached there, the second man turned back in to a green chilli. Together with the other green chilli, the two ate up the (first) man who had broken up the dance!

We tried to analyse this story. Who are dakins? Why do they become dakins? Dakins are women who have broken through psychic barriers and found space to express themselves and their needs. Most women have repressed desires.

Would two women be allowed to dance together and enjoy themselves? The pressures of their expected roles are so great that society would just not accept their being free to enjoy each other's company. So when the dakin finds her space and expresses her needs and desires, she does not necessarily become evil and vicious. Her shakti is used more constructively.

We talked about the power of the dakins. This power is present in all women; in some it comes out because they rebel against repression. Women who are strong, independent, and who do not care for society's mores, tend to be labelled dakins. Or else when people (i.e., men) want to get rid of their women -they do so by calling them dakins. They can thus get sanction and approval from their immediate community to reject them, to evict them from their houses.

The above analysis and re-interpretation of dakins was a little new for most of the women. Their own internalisation of the dakin was generations-deep and a different interpretation, after an hour's discussion, appeared unconvincing.

What appears to become necessary then is to help women transform negative power symbols that they have internalised, into symbols of strength and positive power, to enable them to lead life fully and free from shackles.

Women and Goddesses

In almost every village of the regions where Shodhini members worked, there were local gods and goddesses who would reward, punish, cause floods, droughts, chicken pox, measles and other human misery. Most local people of either gender are beholden to their local gods and goddesses for both their prosperity and adversity. Common diseases are thought to be the wrath of certain gods. The healers of Panchmahals believe that gods can obstruct a person's health with their wrath, while goddesses heal and protect the village and the community; Shakambari is their goddess of healing.

In A.P., Poshama and Yellema are local goddesses who protect the village from infectious diseases like chickenpox, measles, etc., but these goddesses are worshipped only by the Dalits and lower castes.

Local gods and goddesses are the deities of the oral tradition of India and are soundly intermeshed with local health traditions, the *lok swasthya parampara*. An interesting aspect, from the point of view of women, is how these goddesses of the oral tradition routinely upturn the constructs of patriarchy and its norms of acceptable 'limits of women's sexuality, chastity, the good wife (pativrata) and the good woman. In many folk versions of the Ramayana for instance, it is Sita

who is the focus of the story and it is Sita who goes to war and defeats another Ravana who emerged long after the original one is killed by Rama.

Religion and spirituality work at many different levels in the lives of women. At one level, religion has often been used for reinforcing patriarchy and the existing caste and class divisions in society. Religious heads tend to be males and generally are contemptuous and wary of women and women's sexuality. There are hundreds of references in Vedic and Puranic literature equating a woman to a dog, a cow and an outcaste-or equivalent derogatory references-saying, therefore, women are not to be trusted. Such historic derision is also part of the literature of many of the major religions of the world. The structures and institutions of organised religions do not appear to have been very helpful to women.

On the other hand, religion, religious observances, lives of saints (especially women saints), adopting a religious-spiritual life, invoking states of mystic consciousness, etc., have all helped women to escape patriarchy's rigid prescriptions and constraints on women. There is of course a great variety in the rebellious lives that women mystics led. They endorsed societal mores and prescriptions for women in varying degrees. For themselves, almost all of these mystic women defied sit of puberty, marriage, motherhood, widowhood or all of them. Akkamahadevi, a twelfth century mystic from what is now Karnataka, threw away all her clothes and went around with only her long hair covering her body, singing with abandon. The strategy seems to be to adopt a super ordinate goal and thereby sidestep sexuality and mortal men:

You have come seeing the beauty

of rounded breasts and the fullness of youth, brother.

Brother, I am not a woman!

Brother, I am not a whore!

Brother, seeing me again and again,

for whom have you come?

Look, brother, any man,

Other than the Lord who is as white as jasmine,

Is a face I cannot stand **Akkamahadevi translated by Zydenbos & Dabbe**

Mirabal, Janabai, Andal, and many many others less well-known, have celebrated their freedom as human beings and as women by trodding the path of Bhakti, devotion to a chosen deity (Krishna, Shiva, et al), by invoking states of mysticism and a state of a transpersonal consciousness.

The problem with the heroic lives of these women saints is that they did not explicitly prescribe defying patriarchy or societal mores for all women, although they themselves had not cared less. Nevertheless, many ordinary women have directly or indirectly sought inspiration from their lives and found refuge in a spiritual life as a means of transcending contemporary oppression. This has been Shodhini's experience, too, when working with women and women healers.

*When I am disturbed or tense I cry in front of God. I talk to him. I cry alone, when nobody is around. Sometime, there is no reason to cry but I feel like crying. I feel good. All the tension and fatigue vanish and I feel relaxed. **Durgabai, Dewas***

Durgabai's feelings are echoed by the women of Pastapur (Zaheerabad, A.P.) who seek solace by crying in the forest. These are just a few of the ways women sublimate their inner anguish.

As feminist activists we need to acknowledge the validity of these experiences for their liberatory potential and for the meaning that they give to the very demanding lives of individual women. Also, our task is not just to create a space where women can experience catharsis through defiance, mysticism or crying, but also to channelise their energy towards improving the condition of women at the individual and collective level. A belief in A.P. is that if women laugh it is a fourfold disgrace. Women are sought to be controlled by controlling their laughter too.

We in Shodhini, however, believe that health means the ability to laugh fully, live fully and celebrate fully.