More than a dai

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'Since action is the political activity par excellence, natality and not mortality may be the central category of political… thought.'

– Hannah Arendt[1]

CHILDBEARING is political. We see the convergence of reproduction and power in different times, places, and ways: in debates over reproductive rights, in the ways the handling of birth can involve subtle – and not so subtle – hierarchies, in the monitoring and control of fertility, as ideologies such as pro- or anti-natalism capture the ethos of a political moment. Or, as philosopher Hannah Arendt suggests, birth can be thought of as political in its very nature through the force of newness it represents.

Gender politics require we continually ask what may be political about spaces deemed at a remove from politics. For many rural women, perspectives on the state, institutions, and group identity are shaped as much in neighbourhoods and *angans* as in arenas like party politics and social movements. In households, where the female body is a multivalent force, what Arthur Kleinman calls the local moral world,[2] has daily bearing on Dalit women through their work as birth attendants and through their own childbearing histories. For many, especially those whose work brings them in intimate contact with birth, childbearing is a 'political activity' in ways that defy the categorical division intrinsic to much scholarship and public discussion of health and health-care: between women as birth-workers and as birth-givers.[3]

In thinking about gender and caste in rural contexts we would do well to consider how Dalit women's visions of power and subjectivity, their sense of a place in the world, emerge in the domain of reproduction. Put differently, asking 'What is a *dai*?' may be another way of asking about the political subjectivity of rural Dalit women.

In 2000/2001, while conducting research on dais in rural Uttar Pradesh, I lived in a small, mixed-caste village about 80 kilometers from Lucknow. There I met an elderly Chamar woman, known as Rakesh's Mother to some, Chamarin Dadi to others. She worked, along with her sister-in-law, as her village's designated post-partum care-giver. Though she was a 'trained dai', according to a UP-wide family planning initiative, what it meant to be a dai was not so clear.

For Rakesh's mother, birth-work preceded her involvement with the family planning scheme. Both her work and training formed the basis for an adversarial relationship with those representing state power. She had a grown son and a grown

daughter; her family and household were small. Her relationship with the women and families she served was also often contentious, though her work and skills were valued. Underpaid by some, well remunerated by others, she was teased by some caste-Hindu children and revered by others. Besides being a skilled birth attendant, she was highly regarded for her knowledge of birth songs and often summoned to gatherings to sing old songs that had been all but replaced by songs patterned on film fare. Rakesh's mother seldom spoke to her sister-in-law, who was quieter, with a gentle demeanour. Unlike Rakesh's mother, she displayed on her house the painted sign given during her training, identifying her as a trained dai.

Just as 'local moral worlds' pull our attention to the complexities of personal histories, they also require that we not take for granted what it means for Dalit women in particular to be a dai. Though I had spent time in cities exploring state and NGO attitudes to dais, it was by living in a rural community that I began to understand that the term itself (generally understood to mean 'midwife') embodies a complex story about culture, power and history. I also saw that far from being bastions of pre-modern social realities, rural home-births involved objects, practices, techniques and meanings characteristic of what we think of as 'modernity', defying distinctions between 'institution' and 'household', or 'state' and 'civil society'.

Home births involved biomedicine such as injections of antibiotics and labour-stimulating drugs. These were given by upper-caste men and women acting as self-taught doctors (though the urban public largely blames low-caste birth-workers for this dangerous practice). Home-births were often chosen (and not exclusively by 'uneducated' women), preferred to what were perceived as threatening, expensive and inaccessible hospitals. Through family planning schemes and uplift projects, home births engaged institutional figures, state programmes, transnational forces (with their capital, drugs and moralities), and also their shadows, residuals of failed infrastructure in the form of moral ideals about how one should or should not reproduce.

One of the first things I learned about dais is that their work is often miscategorized. 'Dais here don't do deliveries,' I was told by an NGO director at the beginning of my fieldwork. I eventually learned from Rakesh's mother and others in her position that the local realities of rural birth begin not with an 'Indian traditional midwife', but with a division of labour at the heart of the question, 'What is a dai?'

Rakesh's mother, like Dalit women in her position in other villages, is summoned to homes just *after* a baby is born. She begins her work by cutting the umbilical cord, severing the baby from what is considered the life-giving (and potentially life-taking) placenta, the 'lotus'. As well as cleaning the baby, disposing of the placenta (a symbolically critical act with sacrificial undertones) and cleaning the birth room, she conducts the massage deemed necessary for recovery. In one instance, I watched as she rubbed the legs, stomach, back and arms of a *jacca*, asking quietly where pain persists, paying attention to those areas, and advising on the length of confinement (in wealthier families, such advice is given by Pandits). After four or five days her work is finished, and on a day marked by household feasting, gift-giving, the initiation of breast-feeding, and a bath for the jacca, she takes her payment and leaves. After this, a non-Dalit woman, usually a *naoun* (woman of the 'barber' *jati*) continues daily massage for a variable period.

In central Uttar Pradesh, the work of bringing a baby in to the world is delineated between those who assist in deliveries and those who perform the healing, cleansing and symbolically critical tasks during the most vulnerable post-partum phase when, as women told me, mother and baby are symbolically and spatially located outside of their normal social webs. The latter work is done by Dalits and falls into the scope of *jajmani*, while labour and delivery are most often handled by family members. Many women, of *all* castes and communities, deliver babies over the course of their lives, some gaining local renown for their skills and called to neighbours' homes for difficult cases.

But such birth specialists, unless they are also Dalits and designated post-partum workers, do not conduct post-partum tasks. The two-fold reason for this avoidance, as women describe it, exemplifies the ambiguous nature of Dalit women's work: it is avoided out of respect for the women who 'own' it and fear of its dangerous qualities. Some Dalit women may be skilled baby deliverers called to homes to assist in birth, and many conduct deliveries in their own households. But baby-delivering is beyond the domain of jajmani, remunerated 'out of happiness' rather than obligation, and is categorically distinct from post-partum labour.

There are many ways to think about this system. The delineation of post-partum work involves the social cordoning off of defiling bodily substances, relegating stigmatized labour to Dalits in familiar ways. But it also involves tasks aimed at recuperation and symbolically vital transitions. Ushering mother and baby through a phase of vulnerability and social disarticulation (as one woman told me, 'a newborn baby has no

jati), Dalit women manage the time-space of the *sor* (space of post-partum 'confinement') in which the healing of the body parallels the social reintegration of the person. While all of these acts can be understood through the idiom of 'pollution taboo', to think of Dalit women's labour solely in those terms is to undermine its symbolic, physical and social value.

Scholars have at times looked for untouchables' acceptance of subordination in the degree to which they participate in subordinating ideologies. It has been suggested that 'untouchables' do not ascribe to notions of *karma* or *dharma*, constructs which justify their exploitation,[4] and that they possess a distinct culture beyond that of caste hierarchy.[5] Meanwhile, evidence that untouchables do participate in their own subordination has been found in the ways some rank 'untouchable' jati according to the very formulas that shape their own status.[6]

Outlooks shaped in the *sor* are not matters of acceptance or rejection of ideologies, pollution-related or otherwise, and it should come as no surprise that Dalit women have perspectives on their work that are difficult to pin down. For them, caste is not a stable concept, and their sense of 'dirt' and 'pollution' is nuanced. Where caste-Hindu women described Rakesh's mother's work as polluting, Rakesh's mother referred to it as 'ours'. Through brusque dismissals of my questions, silence as much as exegesis, she reminded me that post-partum work involved 'only dirt' and 'just trash'. Yet, silence speaks as well. How are we to understand Rakesh's mother's broad and vague language? In her overt dismissiveness and in the space of her labour, she is neither sweeper nor flawed midwife. Watching her work, I had a sense that the most stigmatized elements may also be the most potent: cord-cutting a form of sacrifice, severing a life-source in order to establish a new person, and placenta disposal critical to managing the vulnerable bareness of new life.[7]

In many rural caste-Hindu homes, conflating *gandagi* with *pradushit,* dirt with pollution, seemed integral to contemporary concepts of caste in which notions of 'hygiene' overlapped with disparaging caste ideologies. Yet it seemed to be the semiotic work of many 'untouchable' birth-workers to hold the two concepts *apart*. Rakesh's mother's own relationship to pollution ideology did not involve loud rejection. Indeed, ambiguities were strategically sustained, as the symbolic delineation of post-partum work was her means to an income – to alleviating dependence on male kin.

'Pollution' may be an exaggerated trope of anthropological studies of Hindu life. But it remains a critically ambiguous component of 'modern' rural identities. Dalit women may reject the notion that their work is polluting while taking advantage of caste-Hindu constructs to demand payment, safeguard work, and preserve the domain in which their skill is valued. Like the urban midwife described by R.S. Khare, rural Dalit women I met refused a vision of the 'caste-assigned view of "the sullied (*maila*) body and immoral soul",'[8] favouring a 'practical approach' to ideology.[9] For women otherwise without independent income, stigma is a delicate equation.

The more overt politics of modernity is no less delicate. Ideas associated with 'progress' are as negotiable as meanings of 'pollution'. Twentieth century caste politics, grounded in visions of social progress, has addressed the relationship between action and identity, asking how designated work (real or exaggerated) relates to subordination. Forms of upward mobility (often divided into sanskritization and rejection of Hinduism) in which social movements are situated remain difficult to align with the *local* stakes of reproduction, where ideas about work and status relate more to development than caste politics.

Rakesh's mother's nephew is a man known locally as Masterji. He lends his name to his mother, a respected post-partum worker called 'Masterji's Mother'. With landholdings, a large brick house, and a sanskritized lifestyle, his position as a well-regarded schoolmaster has made him exemplary of improvements in the lot of Dalits. When I spoke with him about his mother's birth-work, he said, in a voice marked by delicacy, 'The old women do this work because they are not educated to know it is wrong. These are old things, things of the past. But when our people began to become more educated, they learned that such work is dirty and they gave it up.'

As critical as education is to the well-being of women, in liberal ideologies of modernization such as Masterji's, the root of stigma seems to lie within individuals (and their learning to make the right 'choices'), rather than in the messiness of social relations. Or perhaps Masterji's view better represents a form of sanskritization. In either case, where 'dirt' indicates lack of consciousness (a different kind of stain…), stigma is replaced by ignorance as the source of low status. Similarly, in early 20th century caste-movements, as iconic work was seen as linked to caste status, Dalit women were urged to abandon birth-related work, often to their chagrin. Control of Dalit women's labour relates to sanskritization on the one hand (as Dalit women take on

constraints of *pardah* and abandon work outside the home) and to modernization on the other, demonstrating an affiliation between the two that makes women's independence the price of group mobility.

Anthropological representations of birth as patently polluting may follow, perhaps too closely, Brahmanical formulae on the one hand and frameworks of intervention on the other. But when we consider post-partum work (a kind of labour not amenable to concepts of progress *or* valorizations of 'midwifery'), we see stigmatization in the way dirtiness is conjoined with ignorance and low status. Stigma re-emerges in political narratives that eschew notions of pollution. Though Masterji's comments bespeak a critical *male* Dalit consciousness, the ambiguities they employ obscure women as agents and political actors with their own – often strategic – relationships between body, caste and self.

What is a dai? Trying to understand the complexities of birth-work, I posed this question to many women. In rural UP the word dai evokes a traditional identity acquired through a modern definition. The idea of the traditional midwife is, perhaps, less useful descriptively than in the context of development, as a way of defining not so much what something is as where a person stands in the moral and structural scheme of things. For some women, baby-delivering was *dai ka kam*; for others, post-partum workers were dais. For others, tellingly, 'the state makes you a dai' (a reference to those who had received training). Better educated people used the term for my benefit, as a translation for references I might not have understood. But for the most part, the term was not used in rural households. Post-partum labour was referred to euphemistically as 'applying the oil' (a reference to massage), and specific names or kin terms were used to talk about women who delivered babies.

Colonial renderings are also inconsistent about what a dai is, but all too consistent about *how* we are to think of this cipher. Portrayals of dais as dirty, ignorant and superstitious enabled one of the functions of the colonial institutionalization of women's medical care: blaming dais and 'traditional' practices for a range of social and physical ills.[10] As 19th century colonial writings shifted from representing the dai as 'the appropriate person to assist in childbirth' to 'the symbol of superstition and dogged resistance to change,'[11] abolition of dais became a goal of women's organizations and elite society.[12] Low-caste women became the antithesis of modernity. During this period the first dai-trainings were held, beginning a long history in which one of

the primary ways Dalit women were linked to the state was through dai-training.

Dai-trainings remain a familiar feature of rural life. Schemes, organizations, and policies come and go in rapid succession. A glance over the five year plans for the state of Uttar Pradesh finds that dai-training has been part of the picture of progress for decades, while the length of proposed training has shrunk from six months to six days, and the role imagined for trainees shifted. In present-day official discourse dais are rendered in stark terms as either hindrance or boon to public health. Hanging on a vision of the 'traditional midwife', the two sides of this argument share common ground. Both imagine Dalit women's work as a flawed version of an imagined standard (midwifery) while making Dalits perpetual trainees, objects (but not subjects) of development. In some public health forums the complex nature of post-partum work is now being acknowledged, but the question of how this pertains to Dalit women's role – *as* Dalit women – in institutional structures remains, for the most part, little examined.

Even in trainings whose aim is to incorporate Dalits and transform their social position, the place they are given often formalizes their low social status. They remain at the bottom of institutional hierarchies and on the margins of institutions, 'trainees' but seldom paid workers. For some women, the idea that training will transform them into the ideal 'trained midwife' is laughable. One woman showed me the shiny, unused delivery kit she had received at her training in the 1960s, and described the way the new identity as 'village midwife' was untenable given the social context of her caste position and the lack of institutional support.

Even trainings advancing respect for 'traditional knowledge' focus overwhelmingly on cleanliness, reiterating the matter at the core of concepts of 'untouchability'. While hygiene is a crucial issue for reproductive health and matters such as tetanus no small concern, it is worth noting that the bulk of efforts promoting cleanliness are aimed at Dalit and lower caste and class women. In everyday interactions in villages, such frameworks underscore many caste Hindu women's stereotypes of Dalits as unclean, providing politically legitimate language for divisive sentiments.

As debates about dai-training focus on 'traditional knowledge' and the value of 'local agents' rather than on the lived complexities of actual people, Dalit women's presence as speaking subjects within such programmes remains largely

symbolic. When narratives are sought in official settings (trainings in which women are told 'your voice is important', conferences in which Dalit women are put in front of an audience to speak about their experiences) their words are often silenced by authority figures speaking to them as, and only as, trainees. Their presence is deployed in the service of legitimizing intervention and demonstrating 'participatory development'. At the other extreme, well-meaning training manuals that speak praisingly of birth-workers may go too far in *avoiding* mention of caste status or stigma, placing trainees in an idealized social context.

In the course of one of my early meetings with Rakesh's mother, she became engaged in a heated argument with the supervisor for a large-scale state family planning scheme. She asked forcefully if there would be a *tankhah* for her services in her community, and listed expenses that went into her training. The supervisor said with some disdain, 'Those days are over. You can't always demand money from the government.' It was her duty, he said, to get a 'fixed rate' from clients. (As I later learned, many clients pay trained post-partum workers *less* than previous jajmani payments, either assuming they are receiving government wages, or saving remuneration for those who deliver babies and are more highly regarded by institutional programmes.) The supervisor turned to me. 'These women can't go on expecting the government to do everything for them. They must learn to collect money for themselves, to not be dependent. There are some people who just repeat the same thing over and over again, Sitaram, Sitaram, demanding something from the government; these women are like that – they are just parrots.'

What is 'participatory development' for Dalit women, who, as 'trainees' are encouraged to speak, but not about things that matter, whose voices when raised are ridiculed as mimetic? A recent truism of rural health intervention states the need to improve 'demand' for services. Policy documents encourage loud and strident voices, just as more sensitive trainings now remind rural women that their questions and stories are valuable. Yet when voices *are* raised (or when demands come from the 'wrong' people and are aimed in the 'wrong' place) they become evidence of moral failing. Just as 'dirty' work can signify lack of political consciousness, loud voices can signify an incorrect mode of citizenship – public demands instead of a spirit of privatization. Rakesh's mother's anger becomes a burden to national progress.

It has been noted that the post-partum period can be critical to state control as a point of insertion of power via contraceptive technology and through discourses on postnatal health.[13] While this is true in the context of medical technology

and sterilization programmes, it is equally true for Dalit women beyond the 'tradition/modernity' split, as their relationship to governance is shaped through their involvement in post-partum care in the household. The stakes of this politics of birth emerge not so much within but *on the margins of* medical institutions. Dalit women not only bear children under the eye of the state, but enter into progress narratives through their birth-work, even as they perform labour unrecognizable to a progress story dependent on 'training midwives'.

Often neglected in conversations about dais is the fact that Dalit women have stakes in development as women giving birth. As Kalpana Ram points out, a division between women as birth-workers and birth-givers guides most research and writing on the topic of *dais*,[14] echoing a split in reproductive policy that leaves Dalit women with a divided sense of self (and that impinges on *all* rural women). On the one hand, in state family planning programmes, local agents closely monitor reproduction, recording not only pregnancies and births, but also contraceptive use and, by extension, sexuality. The intimate quality of Dalit women's relationship to – and knowledge of – the bodily lives of women in the village is replaced by the broad surveillance of the state, as Dalit women themselves become objects of surveillance. And on the other hand, beyond family planning, the state's attention falls away as quality maternal care was, during my stay in rural UP, immensely difficult to get. State hospitals were poorly staffed, under-equipped and inaccessible in districts with poor infrastructure (bad roads, unreliable electricity and phone lines), while private ones were, for many, too expensive.

For Dalit women, biomedicine beckons with promises of health, while institutions repel with a range of threats. A mother of six tells me she has withheld vaccinations from her children because 'needles don't suit us', referring both to what are felt to be the heating properties of western medicine and to the threat that the needles and drugs of official institutions offer marginalized people. Others tell me that birth is just friendlier, easier, better in the village. Others fear the large scope of 'operations' – caesarians and forced (or surreptitious) sterilization. Others have more extreme fears: if they need an abortion, or a labour-induction, it is better that it comes from known local (usually uncertified) hands, than hospitals where people suspect, as one woman told me, 'they put poison in the needle for the poor people.'

But fears are not unalloyed; women also long for good care, safe deliveries, and comfortable means to limit pregnancies.

'Demand' (or lack thereof) is hardly a matter of knowledge or education; rather, it involves navigating webs of power. The stakes of giving and withholding care (amid extreme obstacles) are the outcomes of marginality defined as a delicate balance between longing and mistrust.

Birth-workers bear a particular relationship to forms of power concerned with the body, suggests R.S. Khare, a 'sensoria and self of the powerless' based in praxis rather than ideology.[15] In the context of rural birth and rural Dalit women, the praxes and ideologies of modernization can be put alongside those of caste. Both are intrinsic to citizenship and its everyday elements: pathways and roadblocks of getting through life, feelings of belonging (or not), conflicted desires that shape a sense of oneself in relation to one's nation.[16] When casteism is a web of tensions that flow through institutional moralities (hygiene, institutionalized birth, etc.) as much as through religious or household ones, and where development is *the* driving vision of modernity (as Akhhil Gupta suggests for rural India[17]), Dalit women's perspectives are difficult to locate in political frames that call for loud voices, direct resistances, or submission to the 'choices' offered by visions of progress. In the emotional domain of childbearing, both power and outrage are piecemeal, negotiated where they can be, grappled with in everyday interactions.

Discussions of dais easily return to the multi-layered power and threat of the female body, both politically and in religious ontologies. But Dalit women's special relationships to reproduction help us turn the conversation toward the inherently political quality of birth and the post-partum stage. If, as Arendt says, natality (not mortality, as political philosophers often attest) contains the germinal elements of political thought, then perhaps we can imagine that actions in relation to the newness of life invariably entail perspectives on power. In such a domain, Dalit women who perform work at once stigmatized and revered, maintain a political subjectivity that is not always loud or even overt. Theirs are perspectives formed in intimate spaces where lines between persons are drawn, contested, and refracted through institutions staking a claim on reproduction, sexuality and fertility. The ambiguity Dalit women show to 'pollution' echoes their ambivalence about the state and NGOs that fail to deliver on promises, or about a vision of progress in which the burden of blame has fallen, over a century, on them.

'The state makes you a dai,' one woman tells me. But this is the same state that, another says, 'wants to get rid of the small people' – through forced sterilizations or other imagined

means that marginalized women associate with medicalized birth. In the rural areas so often reified as 'backwards', and for people often considered, by their gender, caste-status, and illiteracy to be lacking in political consciousness, we must continue to ask, rather than take for granted, 'what *is* a dai'? And we must go on questioning the stakes of the politics of the body as well as the body politic for Dalit women as birth-workers and as birth-givers.

Footnotes:

1. Hannah Arendt, *The Human Condition* (Chicago: University of Chicago Press, 1998 [1958]), p. 9.
2. Arthur Kleinman, 'Experience and its Moral Modes: Culture, Human Conditions, and Disorder'. *The Tanner Lectures on Human Values.* (Salt Lake City: University of Utah Press, 1999), p. 359.
3. Kalpana Ram, 'Epilogue: Maternal Experiences and Feminist Body Politics: Asian and Pacific Experiences' in *Maternities and Modernities: Colonial and Postcolonial Experiences in Asia and the Pacific,* ed. Kalpana Ram and Margaret Jolly (Cambridge: Cambridge University Press, 1998) 275-298.
4. Pauline Kolenda, *Caste in Contemporary India: Beyond Organic Solidarity* (Menlo Park: Benjamin/Cummings, 1978).
5. Gerald Berreman, 'The Brahmanical View of Caste', *Contributions to Indian Sociology* 5 (1971).
6. Michael Moffatt, *An Untouchable Community in South India: Structure and Consensus* (Princeton: Princeton University Press, 1979).
7. Women told me that the placenta houses the life force of the fetus; unlike many urban health-workers I met, rural women know that the umbilical cord attaches the baby to the placenta, *not* to the mother.
8. R.S. Khare, *Cultural Diversity and Social Discontent* (New Delhi: Sage, 1998) p. 159.
9. Ibid. p. 148.
10. Imrana Qadeer, 'Our Legacy in MCH Programmes' in *Gender, Population and Government* ed. Maitreyi Krishnaraj, Ratna M. Sudarshan, and Abusaleh Sharif (Delhi: Oxford University Press, 1998) 267-289; Geraldine Forbes, 'Managing Midwifery in India' in *Contesting Colonial Hegemony: State and Society in Africa and India* ed. Dagmar Engels and Shula Marks (London: British Academic Press, 1994) 152-174.
11. Forbes, 1994, p. 171.
12. Ibid. p. 167.
13. Cecilia Van Hollen, *Birth at the Threshold: Gender and Modernity in South India* (Berkeley: University of California Press, 2003).
14. Ram, 1998.
15. Khare 1998, p. 147.
16. These elements of political identity –affective, performative, and practical modes of relating persons to the nation – have been theorized and debated in recent scholarship resituating the way we think about what citizenship means, notably in Linda Bosniak, 'Citizenship Denationalized' in *Indiana Journal of Global Legal Studies* 7(2) (2000) 447-509; Carol Greenhouse, 'Citizenship, Agency and the Dream of Time' in *Looking Back at Law's Century*, Austin Sarat, Bryant Garth and Robert A. Kagan, ed. (Ithaca: Cornell University Press, 2002: 184-209); Saskia Sassen, *Globalization and its Discontents* (New York: New Press, 1999), Aihwa Ong, *Flexible Citizenship: The Cultural Logics of Transnationality* (Durham: Duke University Press, 1999) and others.
17. Akhil Gupta, Postcolonial Developments: Agriculture in the Making of Modern India (Durham: Duke University Press, 1998).