

ジェンダー・カースト・不妊 —インド農村社会における治癒実践

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論文要旨

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体外受精や代理母出産のような近年の生殖医療技術の発展は、子どもがいない夫婦にとっての「祝福」だといわれている。しかし、不妊の医療化は、まったく新しい価値観を生み出すと同時に、当該社会の既存のジェンダーや家族イデオロギーを強化することもある。子どもを生むことが女性の第一の役割として見なされるインド農村社会においては、子どもがいないということは、単に身体的な問題ではなく、精神的、社会的、アイデンティティ的な危機となりえ、医療はそれを克服するひとつの手段と考えられるからである。このような点において、子どもがいないという状態をどのように人々が文化・社会的文脈に即して解釈し乗り越えようとしているのかについて、医療だけではなくより広い実践を見据えて理解する必要があるだろう。インド社会には、医学による不妊の「治療」以外にも、子どもを得るためのさまざまな宗教実践が存在しているが、こうした宗教実践の内部における多様性については一元化されてきた。本稿では、調査地域であるインド、マハーラシュトラ州農村社会における主要な不妊への「治療」実践として、祖先祭祀と女神信仰を取り上げ、両者の比較を通して、社会におけるジェンダー、カースト、階層、年齢の多様性が、それぞれの治療実践に反映されているのかを明らかにする。

Gender, Caste, and Childlessness:

Religious Treatment Seeking Behaviour in Rural India

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Key words;

India, Childlessness, Caste, Folk goddess, Funeral rite Gender, Caste, and Childlessness Religious Treatment Seeking Behaviour in Rural India

It is believed that the so-called ‘Reproductive Revolution’ is a blessing for many childless couples. Medicalization, which leads individualization of childlessness, however, may contribute to strengthen existent gender and family ideology. Because for most childless couples, especially women in pronatalist societies such as India, where motherhood is mandatory, the implications of childlessness do not merely concern physiology, but create a sense of lacking or missing ‘femininity’ and ‘motherhood’. This may result in their continual social suffering, stigmatization and a profound crisis of husband and wife relationship. By concerning these situations, it is important to understand that people interpret and treat childlessness according to their cultural and social context. There are plenty of non-medical treatments for childlessness in Indian society and people seek both medical and religious treatments to overcome their problem. However, few anthropological works regarding to childlessness in India oppose religious treatments homogeneously to medical treatments and has not given much attention to pluralistic aspects of religious treatments people practice in their everyday life. This paper is drawn from two years of fieldwork in rural Maharashtra, in Western India. By examining two main religious treatments which are *Narayan Nagbali* (a ritual for getting rid of ancestral curse and a sin of killing a cobra) and *Sati Āsrā* (folk goddess) for a problem of childlessness in this area, this paper explores gender, caste, and class based diversity within religious treatment seeking behaviour.

Gender, Caste, and Childlessness: Religious Treatment Seeking Behaviour in Rural India

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1. Introduction

The implications of childlessness do not merely concern physiology, but create a sense of lacking ‘womanhood’ and ‘motherhood’ especially for women in pronatalist societies such as India where motherhood is taken for granted¹. Women after marriage are expected to and are responsible for giving successors to in-law and if they are lucky enough to give birth, then they will be respected symbolically as a goddess ‘*Laxmi*’. Since gender identity consists primarily of motherhood, childless may result in their continual social suffering, stigmatization, deprivation of self-esteem and a profound crisis of husband and wife relationship. By analyzing this situation, it is important to understand that people interpret and treat childlessness according to their cultural and social context. Their lived experience of childlessness comprises not only the condition of have not been pregnant but also a life without children, and sometimes even includes a lack of male child.

It is believed that the ‘Reproductive Revolution’, brought by the rapid spread of new reproductive technologies (NRTs) to urban parts of India, is a blessing to these childless couples. However, under the process of medicalisation, childlessness becomes ‘infertility’ which is simply defined as ‘the failure to conceive a child within one or two years, for couples who are having sexual intercourse’, which is explained only in medical term. There are plenty of non-medical explanations for childlessness in Indian society and people seek both medical as well as religious efforts to overcome their problem. In this article, I suggest that religious practices to overcome childlessness are also one of the important social remedies and are perceived as ‘treatments’ equivalent to medical treatments, from the people’s point of view. However, few anthropological works regarding to childlessness in India has given much attention to pluralistic aspects of religious treatments that people practice in their everyday life (cf. Neff1994, Riessman2000, Bharadwaj2000, 2003).

This article is drawn from a two year fieldwork in rural Maharashtra village where has recently been transforming from a traditional agricultural economy to modern cash economy due to an increasing cash crop production such as sugarcane and dairy, and employment opportunities besides agriculture (see **map1**). At the

Map1
Maharashtra State, India



same time, the region is characterised by strong caste ideologies of Maratha and Brahman who occupy a dominant social position in politics and landholdings. By having relatively good access to public and private clinics operating for more than seven decades, delivery at hospital is now common among young women in reproductive age. This leads to a declining delivery at home and the disappearance of traditional midwives (*suin*) from this village. Under this circumstance, it is becoming rare for childless women to get an advice or treatments given by midwives as it was traditionally done. Therefore, the main local ‘childlessness specialists’ are Brahmin priests having astrological knowledge and folk healers (shamans) who possess a certain deity. They have different explanation systems for the cause of childlessness and methods to cure it. Add medical doctors in this ‘specialist’ category, villagers select, choose and alternate among them according to their preference, intimacy and economic conditions.

By examining two main religious treatments for childless; (these are) *Sati Āsrā* (folk deity/goddess) and *Narayan Nagbali* (a ritual for getting rid of ancestral curse and a sin of killing a cobra) in this region, this article tries to explore how gender, caste, and class based diversity are appeared within people’s religious treatment seeking behaviour. In the following part, I first explain *Sati Āsurā* and the role of folk healers.

2. *Sati Āsurā* and folk healers

Sati Āsurā, originally come from a word *Apsara*, is a folk and non-Sanskrit type of goddess that is mostly believed in rural area. They are well known all over Maharashtra, sometimes by a different name as *Maulya*, and almost all villages have at least one *Sati Āsurā*’s *sthan* (place) in this region. However, due to a lack of textual records and descriptions, there is less information about historical origin and the exact idea on them. They are thought to be a unit of seven sisters and often have one brother called *Masoba* or *Gavali*, and clarified as *Jaldevta* (water deity) since they live in watery places as lake, river and water well. Though *Sati Āsurā* is always considered as one unit, each seven sisters also have their own name. It is said that if a young girl or young mother suicide herself in water, their soul remains on this world in the form of *Āsurā*. Similarly, it is believed that if a pregnant woman dies, then she also remains as *Āsurā*. Because they are jealous of living women, they curse only to them and do not give any bad influences on men.

As there are no particular priests, mythologies (*mahatmya*), rituals, and temples of *Sati Āsurā*, folk healers (*bhagat*) usually play a significant role as a mediator or interpreter for people who wish to get a solution for their problem. There are no specific families and castes to be *bhagat*, but most of them are men whose father or mother had also been possessed. With the exception of recently constructed small shrine forms of worship place in the city, *Sati Āsurā* is just recognised by red stones or red spots near rivers, irrigation facilities and farm lands. When childless woman goes to *bhagat*’s place in the day of *Amavasya* (new moon), *Purnima* (full moon), or Tuesday (if *bhagat*’s deity is goddess), she is told the reason for her childlessness by possessed *bhagat*. The local understanding for a cause shared by village people is that she had passed by *Sati Āsurā*’s *sthan* (place) during her menstrual period with or without her knowledge. Because menstrual blood is considered as impurity and to enter or close to God’s place is strictly tabooed in Indian society (especially among Hindu high caste communities), her improper behaviour invited the anger of *Sati Āsurā* (it is said as ‘she was captured by them’ in local Marathi) result in her barrenness. Girls after puberty are taught by elders not to enter temples during

menstrual period and women follow this rule very strictly, but because *Sati Āsurā*'s *sthan* are usually less noticeable, young girls are easy to 'break' the taboo unintentionally.

To release from this capture of them, childless woman has to perform a simple ritual (*otti barne*) by offering coconuts, grain of rice, and some amount of money (around twenty to a hundred rupees depends on economic conditions) to *bhagat* at *sthan* and it is also desirable to invite seven girls (*kumari*) for a meal. Some *bhagats* told me that instead of her getting a child, one girl among them will be again captured by *Sati Āsurā* and will have the same problem after growing up. However another *bhagat* denied this 'vicious circle' of suffering, there are some variations on them. Since girls before marriage are more 'careless' and 'less knowledge' about this cultural moral code, they are likely to be captured by *Āsurā*. If childless woman is assumed to be captured before marriage, then it is always better to perform the ritual at her natal village. In such cases, not her married family but her natal kin perform and pay for it.

Figure 1 *Sati Āsurā sthan*



Figure2 *Sati Āsurā* ritual



3. *Narayan Nagbali* and Brahman priests

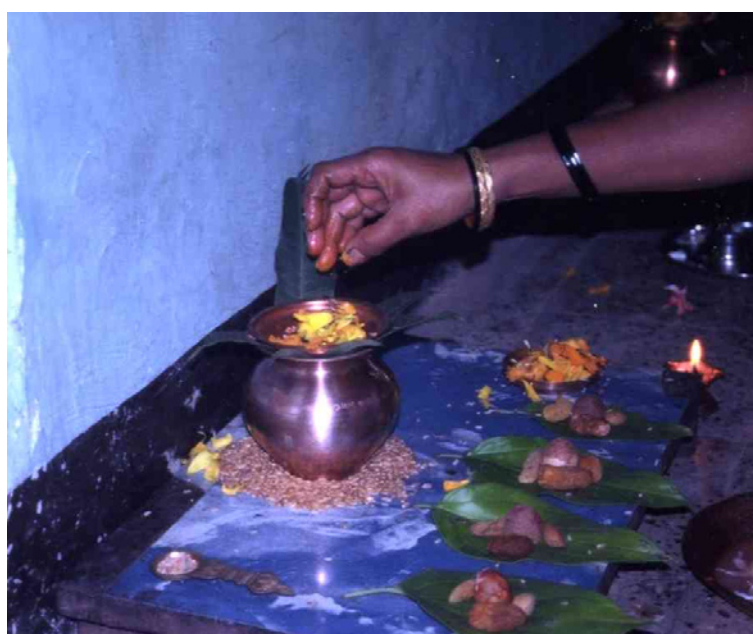
On the other hand, *Narayan NagBali* ritual is deeply related to a patrilineal family relationship. It belongs to Indian astrology (*gyotish*) and textual-based Sanskrit culture. Brahman priests in the village investigate the couple's own planet positions (*kundari*) to know the cause. Improper funeral rites (*shradha*), the dissatisfaction of ancestor's soul, or killing cobras (*nag*) are usually believed to cause serious family problems like childless for the descendant. Therefore the focus is not on women but patriarchal families as a whole and the family head play a significant role in the ritual. The most effective solution in this case is to perform *Narayan NagBali* in Trimbakeshwar, 10 kilometres away from Nashik, where one of the main pilgrim places for God Shiva and two rivers are encountered (*sangam*).

Narayan NagBali is simply a three days' quick trace of funeral rites usually conducted in thirteen days. It is performed by Brahmin priests (*guruji*) at Trimbakeshwar and almost all devotees (*bakta*) accommodate at their houses or imarets during this period. I was with eight families, twenty three people at a priest's place when I had an opportunity to join this ritual there, and hundreds of devotees come for that purpose during auspicious seasons. Although village priests investigate *kundari* and recommend performing *Narayan Nagbali* there, they never conduct it by themselves. Since priests who conduct funeral rites are perceived inauspicious and lower than normal ones, village priests avoid doing so. Trimbakeshwar is a very small town, heavily depends on 'religious industry' and it is clear that *Narayan Nagbali* gives good opportunities to earn more for local priests. But the priests themselves also admit that conducting that is 'not a good thing', so they should be purified by *Prayascitta* (a purificatory ritual) and chant *Gayatri Mantra* thousand times whenever they perform it.

Among eight families, each two were from Nashik and Nagpur and the rest were from Mumbai, Pune, Kolhapur and Aurangabad. Most of them were businessmen and office employees, and none of them were farmers. A half of them were Brahmins and remaining families are Maratha Deshmukh and Maratha Kumbi. It is apparent that the nature of devotees is urban middle class, who may have Brahmanic tendency. Although *Narayan NagBali* is primarily famous for getting a child (especially a male child), among eight families only one came for that purpose. Others had various family problems like the difficulty of daughter's marriage, unemployment, alcoholic and possession (*angat yene*) of their grand daughter. And three families came second times to appreciate the fulfilment of their wishes by this ritual which was done before.

It consists of three days rituals. Starting from *Ganga pujan*, it is performed like real funeral rites. On the first day they perform until the tenth day of the normal funeral (*dahava*) at the crematorium (*sumashanbhumi*) and go into mourning (*sūtak*) from evening. They are not allowed to eat except bananas and wafers and fasting continues till the mourning is over. In the next morning, the twelfth day ritual (*barava*) is performed and *NagBali* ritual follows that. After all rituals are finished, devotees go to purify themselves by taking a bath at *Ghat*. In the last day, the thirteenth day of funeral (*terava*) is conducted at priest's house and everyone leaves completely off the mourning.

It minimally costs around four thousands Indian rupees (about forty eight sterling pond) addition to a small idol of golden cobra and personal offerings/donations to the priest. It has recently become popular among urban middle-class people. Various types of accommodation (not only traditional priest's houses and imarets, but also modern guest houses and hotels), information and booking facility from internet are also available. Some priests

Figure3 the First day**Figure4**
the last day; *Ganesh puja*

have started to play a role not only as a religious specialist as usual, but also like a counsellor to people. Investigation of all data (both *kundali* and medical reports) has been nowadays carried out by them. A young educated priest collaborates with an University in Nashik, counsels and advices to childless people to go under medical treatments, if it seems necessary. This phenomenon is one example of modern formation of rituals and the role of priests, which are transformed according to increasing social concerns and demands for childlessness.

4. Concluding remarks

The first thing we can point here is that there are class, caste, and geographical differences among people who participate in and relate to *Narayan NagBali* and *Sati Āsurā* (see **table 1**). Though village priests in my research field recommend villagers to perform *Narayan NagBali*, a few have actually followed that. The families who had performed it from this region are only a Brahmin family and one Maratha Deshmukh who is a big landlords settling down in Pune. My interview with sixty-five childless couples in this region also indicates that some

people know about this ritual only by name, but none of them have done it except those two families. We may say that it is probably because the high cost and long distance, takes six hours from this region to reach Trimbakeshwar. However, then it is difficult to explain the reason why a great number of couples had been Gujarat to get a miracle hand power of famous *Gujarati chi Mata* (Gujarat mother) for conception. Some of them had visited Gujarat even twice or thrice and spent more than ten thousand rupees (about one hundred twenty sterling pounds) for this ‘treatment’. As I already mentioned before, *Narayan Nagbali* is mainly performed by urban middle class who are familiar with Brahmanism. Therefore there are no opportunities for villagers to hear ‘the effectiveness’ of *Narayan Nagbali* from their own relatives, neighbours and acquaintances that strongly influence their treatment seeking behaviours. *Sati Āsurā*, by contrast, is less known in cities and more popular and well known in rural area. More than Fifty five women among seventy couples, whom I took interview, are aware of the connection between *Sati Āsurā* and childless and many of them had been advised to go *bhagat’s* place from their elders or neighbours.

Table 1 Main difference between *Sati Āsurā* and *Narayan Nagbali*

	Caste	Class	Area	Gender	Relation
<i>Sati Āsurā</i>	Maratha, Koli, Other middle/lower castes	Lower class	Rural	Women only	Women’s natal kin
<i>Narayan Nagbali</i>	Brahman, Maratha Deshmukh	Middle class	Urban	Both Husband and Wife, Entire family	Patrilineal family

The second point is a gender difference between the two. In case of *Narayan Nagbali*, the past ancestors of patrilineal family are considered as a cause for childless. It is necessary for both husband and wife to participate the whole ritual and husband is playing the most important role there. On the other hand, in the case of *Sati Āsurā* women alone are responsible for and suffered from it. Thus men are usually less aware of them and especially Brahmin men are the most ignorant even they are born and grown up in the village. Their common answers for my question asking whether you have heard about them are ‘my wife may know, but I do not know what exactly is’ and ‘I have never heard about it’. And it is apparently more acceptable than *Narayan Nagbali* for people to follow according to their gender ideology and the concept of childless which is basically ‘women’s problem’. But even practices of *Sati Āsurā* belief are likely to involve woman’s natal kin in the process of treatment seeking and the reason for childless situates well in their own terminology.

Lastly, I would like to point out that the both practices have common social function that makes childless women connect with broader family relations despite their stigmatisation. This collective attitude toward childless is one of the main characters of religious treatment seeking behaviours, contrasting with medical treatments which lead the individualisation of childlessness.

¹ This article is a modified version of a paper presented for a conference on Gender and Spiritual praxis in Asian context, held at Lancaster University, U.K. in 2006.

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