

Motherhood(s) in Religions: The Religionification of Motherhood and Mothers' Appropriation of Religion

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Pregnancy, Birthing, Breastfeeding and Mothering: Hindu Perspectives from Scriptures and Practices

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Abstract: This article looks at the regulations of pregnancy, birthing, breastfeeding in Ayurvedic treatises, and at representations of mothering in Vedic and Puranic texts related to childrearing. Ayurvedic *garbha sanskar* (educating the mind of the foetus) regulates the pregnancy of women to ensure the safe birthing of superior babies. Breastfeeding is both glorified and strictly regulated in Ayurvedic texts. Several Vedic texts describe a range of rituals to benefit a caste Hindu child's life from before birth to the beginning of manhood. These rituals are formally conducted by the father, whereas the mother's role is marginalized. Although these texts scrutinize and discipline maternal bodies, yet there are several interstices where female and/or maternal agency can be performed. Ayurvedic obstetric practices often incorporate the indigenous knowledges of midwives (*dais*). The scripturally-mandated practice of wet-nursing shifts and complicates biological motherhood roles. The domestic tradition of performing *vratas* to secure the offspring's longevity allows mothers to have a more central role in childrearing rituals. I will compare the regulatory texts and the potentially resistant practices from a maternal feminist perspective in order to interrogate the multiple ways in which the Hindu childbearing and childrearing framework is a site of surveillance as well as assertion for mothers.

Keywords: Ayurveda; breastfeeding; childbirth; *garbha sanskar*; Hinduism; midwives; motherhood; mothering; pregnancy; *samskaras*; *vratas*; wet-nursing

1 Introduction

This article looks at the regulations of pregnancy, birthing, and breastfeeding in Ayurvedic treatises, and at representations of mothering in Vedic and Puranic texts related to childrearing. Ayurvedic *garbha sanskar* (educating the mind of the foetus) procedures manage the pregnancy of women to ensure the safe birthing of superior babies. Breastfeeding is both glorified and strictly regulated in Ayurvedic texts. Several Vedic texts describe a range of rituals to benefit a caste Hindu child's life from before birth to the beginning of manhood. These rituals are formally conducted by the father, whereas the mother's role is marginalised. Although these texts scrutinise and discipline maternal bodies and roles, yet there are several interstices where female and/or maternal agency can be performed. Ayurvedic obstetric practices often incorporate the indigenous knowledges of midwives (*dais*). The scripturally-mandated practice of wet-nursing shifts and complicates biological motherhood roles. The domestic tradition of performing *vratas* to secure the offspring's longevity allows mothers to have a more central role in childrearing rituals. I will compare the regulatory texts and the potentially resistant practices from a matricentric feminist perspective in order to examine the multiple ways

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in which the Hindu childbearing and childrearing framework is a site of surveillance as well as assertion for mothers. I borrow the term “matricentric feminism” from Andrea O’Reilly, who theorizes that matricentric feminism “contests, challenges, and counters the patriarchal oppressive institution of motherhood and seeks to imagine and implement a maternal identity and practice that is empowering to mothers”.¹

2 *Garbha Sanskar* Regime for Ideal Pregnancy and Childbirth: Control and Care

Ayurveda considers childbirth as a “natural, a social and sacred event, but never as pathological”.² Since human procreation replicates divine creation, it also implies that human reproduction can be made free from defects, approximating the divine ideal. *Garbha sanskar* (educating the mind of the foetus) is a set of Ayurvedic practices that aims to perfect the processes and products of reproduction and childbirth. It can be traced to the Ayurvedic texts of Caraka, Susruta and Vagbhata. *Garbha sanskar* comprises elaborate routines of religious rituals, dietary prescriptions, and behavioural strictures to monitor menstruation, pre-conception, planned conception, pregnancy, delivery and post-partum care. While some of these strictures apply to men, women are made more accountable for improving the foetus as they are the carriers and nurturers of the *garbha* (foetus).

In his seminal Ayurvedic treatise, *Caraka Samhita* (CS), Chapter VIII (*Sarirasthana*), Caraka expounds the Principle of Procreation. [I clarify here that I am using modern translations of the *Caraka Samhita* and other texts, rather than the original Sanskrit sources.] Caraka details procedures which a man with undamaged sperm and a woman with undamaged ovum and uterus may follow to obtain “excellent progeny”.³ The process for perfecting the progeny begins with the foetus-laying *garbhadana* ceremony performed when marriage is consummated. Before sexual intercourse, both the man and woman are required to undergo purification rituals (*shuddhikaran*), which include maintaining celibacy by the woman during the first three days of menstruation.⁴ The taboo on menstrual blood has been theorised by matricentric feminists like Adrienne Rich as signifying “the fear of women and the mystery of her motherhood”.⁵ Caraka also advises the couple to “never mix together (sexually)” after the woman is pregnant.⁶ The locking of sexual intercourse for the sole purpose of procreation is stereotypical of conservative, patriarchal, heteronormative societies. Two requirements are essential to perpetuate and improve the patriarchal family structure: the production and perfection of suitable (male) progeny, and the elimination of unsuitable progeny. Both these processes of perfection and elimination require the scrutiny and regulation of the progenitor/s, especially the mother. To obtain excellent progeny, certain types of women and men who deviate from the ideal *santulan* (balance) of physical qualities and moral virtues are contra-indicated. Caraka writes,

The woman subjected to over-eating, hunger, thirst, fear, detraction, grief, anger or having desire for another man or excessive coitus does not conceive or gives birth to abnormal child. One should avoid the woman too young, too old, suffering from prolonged illness or afflicted with any other disorder. These very defects are also in man. Hence man and woman should join together when they are free from all the defects.⁷

The selection of the best possible progenitors and elimination of ‘defective’ ones in order to obtain superior progeny suggests a eugenics agenda underlying the *garbha sanskar* regime. It is also significant that women are more intensively scrutinised than men in this quest for perfect progeny.

The perpetuation of patrilineal families requires the birth of sons, who can carry on the family name and also perform *mukhagni* (lighting the funeral pyre at the mouth of the parent’s corpse, which is required

1 O’Reilly, *Matricentric*, loc. 279.

2 Singh, “Her one foot”, 136.

3 Sharma, *Caraka*, 461.

4 Ibid., 462.

5 Rich, *Of Woman*, 105.

6 Sharma, *Caraka*, 462.

7 Ibid.

to release the soul of the dead). There are multiple ways, sites and points of time when son-preference is manifested in the Ayurvedic *garbha sanskar* procedures. Caraka's text describes one such ceremony to be performed *before* attempting conception, where the woman and the man should perform specific rites under the supervision of a priest who would "perform the desire-fulfilling rite in the genital parts of the expectant woman with the recitation of mantras": it is only after this ritual that the husband and the wife should have sexual intercourse "for eight nights" so that they can "procreate a son according to desire".⁸ In his instructions for procreation, Caraka advises that the husband and wife "should enter into sexual intercourse on an even-numbered day after they bath if they desire male child or on an odd-numbered day if they desire female child".⁹ Odd and even days are calculated from the starting date of menstrual periods. The menstruation-date formula for determining the biological sex of the offspring continues to exist in contemporary popular practice, and elderly kinswomen often blame sonless mothers of miscalculating the date of their periods. Even today, mothers are, thus, primarily blamed for the inability to produce sons.

Whether or not the prescribed precautions have been followed to secure the birth of sons, "change of sex is effected before its manifestation" in the foetus through the "*pumsavana*" (male making) ritual during the third month of pregnancy to ensure the birth of male progeny.¹⁰ Feminist scholars have critiqued the overt gender discrimination encouraged by this ritual. It is performed during the third month of pregnancy because it is believed that "measures which help in procreating a male progeny" should be administered "before the [sex of the] foetus is manifested".¹¹ The rituals are typically elaborate and somewhat unspecified. The woman is required to drink several special concoctions made of "two undamaged leaf-buds from the easterly and northerly branches of a banyan tree" mixed with curd and "black gram or white mustard seeds" and "small and fire-coloured man-shaped pieces of gold, silver or iron" mixed with curd, milk or water, under the influence of the auspicious "*pusya* star," along with other "useful measures" suggested by "*brahmanas* or reliable ladies".¹² This inclusiveness—seen here in the addition of local variants and 'measures' to the textually-prescribed process—indicates how Ayurvedic scriptures are open to accommodating indigenous practices. Of course, it also suggests an underlying fraught insecurity that needs the reassurance of multiple sex determination methods.

Ayurvedic *garbha sanskar* focuses on the mind and body of the gestating woman in caring, yet, in controlling ways. The pregnant woman (*garbhini*) is expected to follow the *garbhini paricharya* (the do's and don'ts of pregnancy), which consists of "regimens to stabilise the foetus".¹³ The strictures include instructions for obtaining excellent sons: these qualities of excellence encompass fair skin as well as superior strength and intelligence. "If the woman desires that she should get a son who is big, fair, with reddish brown eye, vigorous, pure and mentally strong," then Caraka instructs her to follow a week-long regimen of drinking special preparations containing large quantities of white barley, curd, honey, ghee, and the milk of a white cow which has a white calf; using a white room, bed, seat, drink, dress, and ornaments; and gazing "constantly at a white and big bull or a horse of good breed" every morning and evening.¹⁴ The emphasis on 'fair sons' reveals gender bias entangled with a fetishisation of whiteness: both persist in contemporary India. Moreover, transferring chromosomally-determined foetal qualities like maleness and fairness to external regimens that gestating women are expected to follow is a strategy to shift the blame to the mother alone, should she give birth to offspring without these culturally desirable qualities.

The regimenting of the body and mind of the gestating woman through procedures that imbricate control and intensive care is especially significant when contrasted with the overt and covert neglect that daughters usually suffer (in comparison to sons) in Hindu patriarchal society. Ayurvedic discourses insist on explicit and all-round care procedures for women before and after they conceive.

No distinction is made between mother's desires and fetus' desires. We are told that the proper maintenance and protection of the pregnant mother is as good as the maintenance and protection of the fetus itself. So, the wise attends upon a

⁸ Ibid., 464-465.

⁹ Ibid., 463.

¹⁰ Ibid., 466.

¹¹ Ibid.

¹² Ibid., 467.

¹³ Ibid.

¹⁴ Ibid., 463.

pregnant mother with special care to fulfill her desired and useful needs. ... Along with *āhāra* (food) a great emphasis is given to the *ācāra* (conduct) and *vicāra* (mental dispositions) of the pregnant woman.¹⁵

Pregnancy and childbirth are special periods in a woman's life, when she receives special care and attention, primarily because her body and mind are considered indistinguishable from the foetus's. It indicates that this elevation of care is temporary, because it is triggered by the carrier/vessel status of the woman, and not by the woman per se. The merging of the maternal and foetal bodies and minds also results in an increasing responsabilisation, surveillance and disciplining of the mother. For instance, if the foetus is defective, Caraka writes:

The pregnant woman gives birth to a child suffering mostly from the respective disorders the etiological factors of which are used by her. The paternal defects in respect of semen should be understood on lines of the mismanagement concerning mother. ...Hence the woman desiring excellent progeny should particularly abstain from the unwholesome diet and behavior. Observing good conduct, she should manage herself with wholesome diet and behavior.¹⁶

The generalised responsibility of the mother for the gender, health and fairness of the foetus extends to attributing specific foetal mishaps to specific maternal actions. For instance, Caraka writes that the foetus will be prematurely delivered if the pregnant woman “looks frequently at ditches, waterfalls, wells, or travels on a jerky vehicle”; that the child will be “insane” if the pregnant woman sleeps in open spaces or moves about at night; or that the child will be “epileptic” if the pregnant woman quarrels “too much”.¹⁷ Specific defects in the child are also linked to pregnant women's behaviour and food consumption, or aberrations thereof. Caraka attributes “offspring with delayed closure of eyes or stiff eyes” to pregnant women excessively eating fish; offspring “with early wrinkles and grey hairs or baldness” to mothers intaking salt excessively; offspring who are “ill-physioped, shameless” and licentious to mothers who “indulged in sexual intercourse”; and “offspring having red eyes, obstructed respiration and very rough body hairs” to mothers eating too much pork¹⁸.

The contraindication of certain foods and behaviours is simultaneously accompanied with the prescription of a monthly dietary and care regimen for the purpose of *garbhasthapan* (giving stability to the foetus) and to fulfill the quest for excellent progeny. The first six months of pregnancy emphasises a special diet rich in milk and milk products. From the seventh month onwards the gestating woman is advised to have a routine massaging of her breast areola with “sandal and lotus stalk paste,” and during the ninth month she is advised lubrication of the vagina, the genital tract and the “seat of the foetus” with “oil cooked with sweet drugs”.¹⁹ Such massage regimens ensure easy birthing and lactation, and provide a degree of comfort and naturalness for the mother that is often absent in modern hyper-medicalised procedures of childbirth imported from colonial/western obstetrics. Thus, Ayurvedic processes of pregnancy and childbirth management imbricate a disciplinary regime with an enabling and embodied focus on mother-child care that also allows for increasing participation of women.

This is most evident in the instructions related to the process of birthing. Like the prescriptions for *garbhasthapan*, this process is also strictly monitored and, ultimately, male-controlled. However, although Caraka prescribes the presence of “Brahmanas well-versed in Atharvaveda” to ensure an auspicious entry into the maternity home, he also repeatedly emphasises the need for the support and active participation of “many multipara women possessing friendliness, constant attachment, good manners, presence of mind, affectionate nature, freedom from anxiety, endurance and favourable disposition” during the delivery process.²⁰ The role of these attending women is to ensure the comfort and safety of the mother and child through their experience-based skills and empathy-based bonding. From the onset of labour, they console the gestating woman “with agreeable and sympathetic talks”; they encourage and assist her to sit, walk or

¹⁵ Singh, “Her One Foot”, 154.

¹⁶ Sharma, *Caraka*, 468.

¹⁷ Ibid.

¹⁸ Ibid.

¹⁹ Ibid., 474.

²⁰ Ibid., 475.

squat as required; in cases of prolonged labour, they administer medicinal inhalations and massages of the “waist, sides, back and legs”; when the foetus moves down, they recite mantras for the well-being of the son “having lustre like Kartikeya and also protected by him” in the *sutika*’s (new mother) ear.²¹ They use various methods to eject the placenta, like pressing the mother’s navel, rubbing her pelvic region, fumigating her vagina, or giving her medicinal pastes. The attendants take care of both the new mother and the new-born child, their skills and knowledge ranging from obstetric to paediatric. They bathe the child, clean his mouth and throat, cover his fontanel with “swab soaked in fatty substance,” induce vomiting by “giving ghee added to rock salt,” and cut the umbilical cord and tie the ends “loosely to the neck of the child”.²²

It is significant that Caraka’s text mentions only the role of these supporting women during the actual process of childbirth and in the birthing chamber, although the controlling gaze of male priests and experts is manifested throughout the pre-conception, conception and gestation stages. Many of the procedures prescribed by Caraka for these women attendants correspond to the folk practices followed by *dais* (local midwives). Moreover, both the traditional systems—scriptural Ayurveda and indigenous practices of the *dais*—differ markedly from “modern institutional child delivery systems [which] inflict needless violence on women by practices such as episiotomy” and the prevalence of the passive lithotomy position.²³ Most traditional practices of local midwives require minimal resources to make birthing and post-natal care comfortable for the mother and child. Similar to Caraka, *dais* also advise placing “medicated oil enema” inside the vagina during the ninth month of pregnancy which allows the “perineum to stretch without tearing during childbirth”.²⁴ During delivery, *dais* “inter-weave the medical with the rite and myth” by ritually invoking the goddess Bemata: this ritual includes the mother separating a mound of dough into two parts, opening of “knots, bolts, locks and hair”.²⁵ All these actions simulate the opening of the cervical passage and the separation of the child from the mother. To facilitate this opening and separation, they advise the delivering woman to move and squat, and also perform perineal massages to ease birthing.

In the post-natal care of the baby as practiced by the *dais*, the placenta—which is presumed to contain the “life-force”—plays a central, almost mythic, role: it is heated and wrapped around lifeless new-borns to revive them, and even when it is disposed, a special prayer is recited to ensure the child’s protection.²⁶ For the post-natal care of mothers, *dais* “tie up the loose abdominal muscles and the hip region firmly,” which reduces stomach sagging and back pain.²⁷ The indigenous practices of the *dais*, which include delayed cord-cutting, reveal their embodied knowledge of mother-child linkages, and also indicate how they combine caregiving roles for both the child and the mother. Caraka also endorses this, assigning both mother and child care after delivery to the group of supporting women: “While the steps are taken to expel the placenta, the following actions should be performed in respect of the newly born child”.²⁸ Singh notes that the *dais*’ “deep appreciation of the wholeness of the mother-child bond challenges the fragmented, modernist situation where obstetrician ‘knows’ the mother’s body and the pediatrician ‘knows’ the child”.²⁹ However, within the prevalent dissociated medical systems in contemporary India, mostly borrowed from western allopathy, *dais* are often relegated to the margins, or devalued as unskilled birth attendants who require training. This is especially true for urban locations, although *dais* continue to have an important role in birthing assistance in rural areas and among poor demographics.

Matricentric feminists like Adrienne Rich contend that “the move toward midwife deliveries and away from the male obstetrician and the depersonalisation of the hospital has been a crucial aspect of ‘taking our bodies back’ and of the women’s health-care movement”.³⁰ In India, reproductive activists have pointed out

²¹ Ibid., 476-478.

²² Ibid., 479.

²³ Girija, “Needless Cruelty”, 24.

²⁴ Ibid.

²⁵ Singh, “Her One Foot”, 142.

²⁶ Sadgopal, “Can Maternity”, 54-55.

²⁷ Girija, “Needless Cruelty”, 24.

²⁸ Sharma, *Caraka*, 479.

²⁹ Singh, “Her One Foot”, 144.

³⁰ Rich, *Of Woman*, 173.

how a “fundamental gap” exists in “the services” between the “biomedical organ-based or materialist view of the body and the traditional, non-western energy-based views”.³¹ The intervention of the *dais* and other supporting women—with their traditional resources and knowledge bases—in the birthing process is one of the ways of bridging this gap. Reproductive activists believe that “the Ayurvedic conceptual system provides an explanatory framework for folk practice. Ayurveda possesses the capacity to validate a whole range of practices by the *dais*”.³² The participation of *dais*, which is sanctioned by Caraka, offers a degree of female support and empathy to the mother. Their involvement also indicates the significance of female community-building at the time of the embodied woman-centric act of parturition. The validated intervention of the *dais* marks the experience of *garbha sanskar* as ‘natural’ and distinct from ‘western’ medicalised birthing regimes that alienate the mother from both the child and her own body. However, it is important here to remember that mothers have always been under male surveillance and regulation even within *garbha sanskar* regimes.

3 Breastfeeding: Surveillance and Shifting of Embodied Motherhood

The surveillance and regulation of maternal bodies becomes even more explicit and intensive in the case of breastfeeding. Vedic and Ayurvedic texts glorify breastfeeding and project it as a natural attribute and sacred duty of good mothers. The *Atharva Veda* compares lactating breasts to pitchers full of divine nectar.³³ Ayurvedic treatises like the *Sushruta Samhita* eulogise the nourishing powers of breastmilk and, by extension, of the lactating vessels, that is, the mother:

May the four oceans of the earth contribute to the secretion of milk in thy breasts for the purpose of improving the bodily strength of the child. O, thou with a beautiful face, may the child, reared on your milk, attain a long life, like the gods made immortal with drinks of ambrosia.³⁴

The sacralization of breastmilk and its objectified carriers is accompanied by intensive scrutiny and a regulatory regime aimed at abundant and easy lactation. Pregnant women are advised a milk-rich diet and massage of the breast areola with the “paste of sandal and lotus stalk” to prepare the breasts for nursing.³⁵ In Ayurvedic texts, breastmilk is carefully monitored for purity and fitness. Sushruta writes that breastmilk is tested “by casting it in water”:

The milk which is thin, cold, clear, and tinged like the hue of a conch-shell, is found to be easily miscible with water, does not give rise to froths and shreds, and neither floats nor sinks in water, should be regarded as pure and healthy. A child fed on such milk is sure to thrive and gain in strength and health.³⁶

Since the Ayurvedic breastfeeding discourse is child-focused and regulatory, certain types of mothers are excluded and considered unfit to breastfeed. Ayurvedic texts by Charaka, Sushruta, Vagbhata and others enumerate several physical and psychological disorders that contraindicated breastfeeding. Mothers who are “*kshudhita* (hungry), *shokaarta* (having grief), *shranta* (get tired), *dustadhatu* (vitiation of bodily tissues), *garbhini* (pregnant), *javerita* (suffering from fever), *kshina* (emaciated), *atisthula* (obese)” are not allowed to breastfeed.³⁷

This scriptural prohibition of breastfeeding by unfit mothers, along with practical emergencies when mothers were unable or unwilling to breastfeed, necessitated the sanctioning of alternative modes of infant-feeding: these included cow or goat milk or surrogate breastfeeding by a wet-nurse (*dhatrī*). The figure of the wet-nurse contains the potential for both obedience and transgression. The wet-nurse—to whom

³¹ Sadgopal, “Can Maternity”, 55.

³² Singh, “Her One Foot”, 4.

³³ Quoted in Laroia and Sharma, “Religious”, 95.

³⁴ Bhisagratna, *English*, 226-227.

³⁵ Sharma, *Caraka*, 474.

³⁶ Bhisagratna, *English*, 227.

³⁷ Singh and Verma, “Breast feeding”, 4.

the crucial motherhood function of infant-feeding is shifted—is selected after an elaborate examination of physical, psychological and social parameters (*dhatri-pariksha*). The socio-medical inspection of maternal bodies extended to the regulation of substitute maternal vessels. For instance, the detailed enumeration of the features of ideal lactating breasts and breastmilk (*stana-sampat* and *stanya-sampat*, respectively) were common in the case of both biological mothers and wet-nurses. Caraka writes:

Now I will explain the examination of wet-nurse. One should say, “bring the wet-nurse which *belongs to the same caste*, in youthful age, submissive, free from impatience, deformity, addictions, ugliness and loathsomeness; born in a good family, having affectionate disposition towards children, free from diseases, having living male children, having profuse lactation, free from carelessness, not sleeping on excrements, *not married to a man of lower caste*, skilful in management, clean, having dislike for uncleanness and endowed with excellence of breasts and breastmilk.”³⁸

Sushruta also emphasises that homogeneity of castes between the birth-mother and the wet nurse: “For the healthy growth of the child a wet nurse should be selected from among the matrons of its own caste (Varna) and possessed of the following necessary qualifications”.³⁹ However, similar to prevalent caste-based marriage regulations, these Ayurvedic strictures also repeatedly insist on the caste purity of the wet-nurse. I clarify here that I am using the term ‘caste’ or ‘varna’ to signify “the preeminent system of social classification established by Hindu cosmology”.⁴⁰ Caste here refers to a structure of hereditary social stratification maintained through endogamy.

The reiterated insistence on the wet-nurse’s caste purity reveals the deep-rooted fear of pollution that is intrinsic to the maintenance of the Hindu caste system: an insistence that gradually rigidified the caste system and tabooed inter-caste relations. This fear of impurity impelled the controlling of women’s bodies and acts, for instance, through the practice of endogamous, patrilocal marriages. Feminist scholar V. Geetha writes how “women are regarded as gateways—literally points of entrance to the caste system”.⁴¹ The mother is one such gateway, literally passing the purity of caste to the offspring through her uterine fluids and her breastmilk. The wet-nurse, on the other hand, was a more unstable, riskier gateway, because she was an outsider to the patrilineal family, although she was often a member of the extended family (usually a poor relation). Her ambiguous insider-outsider status had to be policed with even more vigilance, although it was necessary to select and depend on the services of suitable wet-nurses for maintaining the caste purity and perpetuation of the patrilineal family. Women’s caste-status depended on their fathers and spouses: they ‘lost’ their caste if they married someone from another caste. This is the reason why Caraka insists that not only should the wet-nurse belong to the same caste by birth, but that she should not have married a man belonging to a ‘lower’ caste: such a safeguard would remove any possibility of caste impurity.

This fear of the offspring’s caste becoming contaminated through impure (inferior caste) breastmilk, however, contradicts the concept of genetic inheritance explicated in several Hindu scriptures. The *Manusmriti*—perhaps the most important text to outline and rigidify the caste system—imposes the fallacious metaphor that the woman is the field and the man is the seed; and that “between the seed and the womb, the seed is considered dominant; for the offspring of all creatures is marked by the characteristics of the seed”.⁴² From a matricentric feminist perspective, it is ironic and significant that this chauvinistic assurance about the superiority and paternal ownership of the child is threatened by the possibility of caste-pollution and disease being transmitted to the seed/son through lower-caste or inferior breastmilk. The repeated insistence on ensuring the caste purity of the wet-nurse, thus, indicates the disruptive potential and moral panic generated by shifting maternal roles and functions from one body to another. Wet-nursing is a maternal function made possible by shifting motherhood roles from one maternal body to another: this possibility potentially complicates the dominant Hindu ideologies of biological and essentialised motherhood, as well as Hindu patrilineal kinship structures (especially if the milk-mother was not a primary or secondary relation).

³⁸ Sharma, *Caraka*, 484 (italics added).

³⁹ Bhisagratna, *English*, 225.

⁴⁰ Beteille, “Varna”, 20.

⁴¹ Geetha, *Patriarchy*, 106.

⁴² Manu, *Law Code*, 157.

Hence, this threat of disruption needs to be controlled and contained through various strategies. Feminist historians suggest that “the control of women was secured through a mixture of coercion and consent”.⁴³ The Ayurvedic texts outline the regulatory and coercive measures controlling the bodies and breastmilk of mothers and wet-nurses. Their consent is manufactured through the deliberate idealisation of surrogate breastfeeding (especially of sons) in several Hindu mythological texts. Some of the most popular instances of surrogate breastfeeding occur in the myths related to the childhood of Krishna, the avatar of the God Vishnu. In *Skandha X* (Book X) of the *Bhagavata Purana*, centered around the myths of Krishna, both normative and transgressive representations of surrogate breastfeeding are narrated for the same purpose: to reinforce the metaphor of maternity as selfless nurture, and to insist that motherhood is an essential quality of all females.

Yashoda is Krishna’s foster mother. Her own daughter, Yogamala, is substituted to be a victim of the wicked king, Kamsa’s wrath, in order to save Krishna. Yet, Yashoda’s maternal devotion towards Krishna, even though it is not biologically produced, is absolute and exemplary. There are multiple instances in the text where the ease and abundance of Yashoda’s breastfeeding is narrated. These instances validate her status as an ideal mother. Yashoda’s maternal devotion is produced by an affective motherhood or milk-motherhood which is positioned at par with biological or blood-motherhood. In the Krishna myths, we see how motherhood roles—even socially and scripturally sanctioned ones—can be shifted from one maternal body to another. There are numerous references in the *Bhagavata Purana* of Rohini breastfeeding her biological son Balarama and Yashoda breastfeeding her foster-son Krishna at the same time and with the same devotion: “The women gave the two their breasts, from which they drank eagerly. Yasodha and Rohini saw the sweetest smiles on their babies’ faces”.⁴⁴ The repeated equating of Yashoda and Rohini conflates and equalises the status of the milk-mother and the blood-mother.

The glorification of Yashoda—emphasised through the affection and status bestowed on her by her husband, son, community—is a strategic celebration of the maternal instinct, which, as the text seems to emphasise, is present in all women, whether or not they are biological mothers. This is a strategic way of creating consent in women about their “sacred calling” of motherhood, whether biological, or—out of exigency, as in the Krishna myth—adoptive.⁴⁵ V. Geetha remarks that the consent of the woman “was obtained through an elaboration of virtues that she was enjoined to make her own”.⁴⁶ By embodying all the virtues that biological and adoptive mothers were culturally expected to have, Yashoda becomes an instrument of persuasion. As an adoptive mother celebrated in myth, lore and scripture, she serves the dual purpose of exemplifying both the ideal mother (in her devotion) and the ideal wet-nurse (in her docility and caste-identity).

The Krishna myths also engage with non-normative representations of wet-nurses. One such problematised embodiment of the wet-nurse is the mythical monster Putana, who shape-shifts to become a beautiful lady and tries to kill Krishna with her poisoned breastmilk. As demons are regarded as belonging to inferior castes than humans, Putana’s poisoned breasts may be read as metaphors for—and metonyms of—non-sanctioned, contraindicated and caste-impure breastmilk. When Krishna suckles her to death, she is punished for her disruptive, prohibited and non-sanctioned breastfeeding. Yet, miraculously, the very act of breastfeeding which she intended to corrupt as an act of murder, becomes transformed into an act of redemption for Putana. After her death, Putana reverts to her huge, monstrous physical form as she dies, but when she is cremated, the cowherds are surprised: “Instead of the stench they feared would issue from the blazing carcass, there came the sweet fragrance of sandalwood. It spread everywhere like a blessing—by suckling the *Avatara*, Putana was freed of all her sins”.⁴⁷ Even though the text penalizes transgressive breastfeeding, it also simultaneously valorizes the maternal instinct to nurse: an instinctive desire that is shared by all womankind, human or sub-human. The Krishna myths offer a definition of mothering that is based more on emotion than on biology, and the figure of the wet-nurse, in both its normative (Yashoda) and transgressive (Putana) embodiments, emphasise this emotive, experiential definition of mothering. While this may appear to expand

⁴³ Geetha, *Patriarchy*, 106.

⁴⁴ Menon, *Bhagavata*, Ch.8, para 13.

⁴⁵ Rich, *Of Woman*, 41.

⁴⁶ Geetha, *Patriarchy*, 106.

⁴⁷ Menon, *Bhagavata*, Ch. 6, para. 27.

the institutionalized definition of biological motherhood, it is also important to consider how these myths reassert an essentialised notion of maternity as instinctually and intrinsically present in feminine beings, including female monsters and animals. Despite the glorification of mothers and motherhood in sacred texts, Hindu women are usually sanctioned only to a functional and subsidiary role in the rearing of their offspring.

4 Mothering through *Samskaras* and *Vratas*: Disempowerment and Agency

Although the physical acts of birthing and breastfeeding are located in maternal (or female) bodies, generating an emotional power of mothers over their offspring; the actual control over children's lives—mandated through scriptures—resides with the fathers. Several Vedic-era texts, especially the *Grhyasutras* (500 BCE), describe a range of sixteen or more *samskaras* (rites) that correspond to successive stages in a caste Hindu's life, beginning at birth and ending with death. These include several post-natal sacraments like the pre-breastfeeding *jatakarma* ceremony; the naming of the child (*namakarana*); the child's first outing outside the confines of home (*niskramana*); weaning and introduction to solid foods (*annaprasana*); tonsuring the hair (*chuda karana*); piercing the earlobes (*karna vedha*); learning the alphabet (*vidyarambha*); and the sacred thread investiture ceremony that marks the beginning of adulthood in caste-Hindu boys (*upanayana*). Some of the early rituals, including *jatakarma* and *namakarana*, are also detailed in the *Caraka Samhita*.⁴⁸ These rites of passage mark significant milestones in the child's development. According to various scriptural sources, these *samskaras* fulfil several purposes. The early rituals are explicitly allied to nurture and protection. According to Caraka, the *jatakarma* ceremony, wherein the mother nurses the child for the first time, is immediately followed by adopting various “measures for his protection” in the maternity home.⁴⁹ The other scriptures detail multiple purposes: the popular belief that such rituals will help in removing “hostile influences” and attracting “favourable influences”; the “material aim” of gaining “cattle, progeny, long life, wealth, prosperity, strength and intellect”; the cultural purpose of gaining “social privileges and rights” which increase one's “status in society”; the ethical attempt of “moral uplift of an individual”; and the “spiritual significance” of a “living religious experience” that “sanctified” the body so that it “escaped the physical bondage and crossed the ocean of death”.⁵⁰

Matricentric feminist Sara Ruddick's theory of maternal work identifies the “demands” of children that “their lives be preserved and their growth fostered” which anyone who “mothers” needs to meet: “These three demands—for *preservation*, *growth*, and *social acceptability*—constitute maternal work; to be a mother is to be committed to meeting these demands by works of preservative love, nurturance, and training”.⁵¹ Applying Ruddick's theory, we may say that these rites are performed to ensure “preservation, growth and social acceptability” of the offspring. Some of these rites are performed for protection [for instance, *chuda karana* (tonsuring the hair) which ensures long life; or *karna vedha* (piercing the earlobes) which prevents diseases]; some for the purpose of nurturance [for instance, *jatakarana* (pre-breastfeeding ceremony) where the mother's breast is washed and readied for nursing; or *annaprasana*, where the baby is given its first solid food, usually a rice and milk pudding]; and some for the purpose of training (for instance, *vidyarambha*, which marks the beginning of primary education; or *upanayana*, which now marks the initiation of upper-caste boys into the full citizenship of the “twice-born” caste Hindu community). Chronologically, the timeline of these post-natal *samskaras* coincide with the period in a child's life when the mother—sometimes aided by other kinswomen—is the primary caregiver. The beginning of this period of mothering is symbolically represented in the *jatakarana* sacrament, when the “navel-cord” is severed and the new-born is “washed and given the breasts of the mother”; But this can ritually occur only *after* the father gives the child “honey and ghee or ghee alone” with “his fourth finger and an instrument of gold”

⁴⁸ Sharma, *Caraka*, 480-481.

⁴⁹ Ibid., 480.

⁵⁰ Pandey, *Hindu*, 25-34.

⁵¹ Ruddick, *Maternal*, 17.

and recites prayers for its *medh-janana* (“production of intelligence”) and *ayusya* (“long life”).⁵² The formal end of the period of mothering the child is ritualized in the upanayana *samskara*, which includes a “joint meal” when the “mother and the child [eat] together for the last time”: this is because, after the sacred-thread investiture, the boy crosses the threshold to adulthood and becomes the disciple of his teacher or *acharya*, who is often the father himself.⁵³

However, although these sacraments correspond to the period of primary caregiving by the mother, these protective and nurturing rituals are formally conducted by the father. It is the father who offers oblations in the sacrificial fire and recites the Sanskrit prayers, with the help of the family priest or male relatives. The mother has a subsidiary and silent role. Besides, if she is pregnant or menstruating, she cannot even be present during the rites, as she is “regarded as impure” and polluting⁵⁴ (Altekar 195). Historian Sukumari Bhattacharji notes that, “in all these rites, it is the father who conducts the service, while the mother is absolutely in the background; she does not act or speak at any of these rites”.⁵⁵ Bhattacharji answers her own question—“What is the mother’s role in bringing up the child?”—by focusing instead on the father’s role, how the “actual instruction, control, supervision and vocational education [of the child] were entirely the father’s domain”.⁵⁶ Thus, while the mother is essentialized as the nurturer and while caregiving was primarily a maternal responsibility, the socio-cultural agency and control of parenting was invested in the father. Indeed, it can be argued that, since Ruddick emphasises that ‘mothering’ is a gender-neutral verb, scripturally at least, Hindu fathers are assigned ‘mothering’ roles. However, investigating the context of the rituals reveals that such presumptions would be partial or incorrect.

The actual physical work of children’s caregiving is considered as women’s work and a maternal responsibility. It also needs to be emphasised that the performance of these Hindu sacraments is often gendered and discriminatory against daughters. Although earlier the sacraments were performed for both boy and girl children, gradually many of these, especially the *upanayana* (investiture of the sacred thread ceremony), were reserved exclusively for boys. Even the rules for performing the *samskaras* are gendered: Manu writes, “For females, on the other hand, this entire series should be performed at the proper time and in the proper sequence, but without reciting any Vedic formula, for the purpose of consecrating their bodies”.⁵⁷ Women were treated as secondary objects; the primary objects of these rites were men. The exclusion of girls from the sacraments impacted the role of women/mothers in the performance of these sacraments. Several historians quote scriptural evidence to suggest that in the Vedic age, the woman’s “presence and cooperation were absolutely necessary in religious rites and ceremonies” and that she could even perform rituals alone; this changed later around 200 BCE when women were gradually considered “ineligible for upanayana” and therefore excluded from performing religious ceremonies because they lacked formal knowledge of the Sanskrit scriptures and incantations.⁵⁸ Mandakranta Bose writes:

Women’s participation in religious events were required in Hindu society in the Vedic age as partners to their husbands. But in later times their role changed to one more like that of assistants setting out materials, cooking sanctified food, serving priests and cleaning, rather than taking part in the core of the rituals. Few provisions existed for women to perform religious rites independently, as we have noted in the *dharmashastras* and *grhyasūtras*.⁵⁹

In the context of this overarching social and scriptural marginalization of mothers, Sara Ruddick’s theory of maternal work can be deployed to explore the post-Vedic practice of performing *vratas* (ritual vows), as that practice seemingly invests mothers with greater mothering agency. In the mothering practices of Hindu mothers, maternal works of preservation and training are often located away from the distanced

⁵² Pandey, *Hindu*, 74-76.

⁵³ Ibid., 128.

⁵⁴ Altekar, *Position*, 195.

⁵⁵ Bhattacharji, “Motherhood”, 47.

⁵⁶ Ibid.

⁵⁷ Manu, *Law Code*, 28.

⁵⁸ Altekar, *Position*, 196; 204.

⁵⁹ Bose, *Women*, 138.

and ritualized abstraction, and the linguistic opacity of the Sanskritised sacraments: these are more often traceable in the immediacy, specificity and familiarity of *vratas*.

Vratas are the “practice of taking vows to observe particular ceremonies as offerings of pleas or thanks to a deity” and are mentioned in the *Puranas*.⁶⁰ It is women who take these vows, who perform the ritual fasting and manage the ritual worship, who recite the prayers and narrate the *vrata-katha* (stories which demonstrate the efficacy of the *vrata*) in vernacular languages. Male priests sometimes participate in *vratas* “as performers of parts of the ceremony or the ritual recipients of alms”.⁶¹ Their presence is subsidiary and not mandatory, unlike in the scripturally-sanctioned *samskaras*, where they are the mandated actors. Women are the main actors in *vrata* performances. However, in spite of the primacy of women in the performance of the *vratas*, the purpose of these performances is to propitiate specific gods in order to ensure the physical, spiritual and material well-being of the women’s husband, children and other family members. “It is important to bear in mind that women perform *vratas* for the sake of the family, and the understanding that the family revolves around its male members is crucial to the effort put into the *vrata*”.⁶²

One of the most popular *vratas*, especially in North and East India, is performed to propitiate the folk fertility Goddess Shashthi. Although some scriptural references portray her as a malignant deity who causes diseases in mothers and new-borns, Shashthi is worshipped by women as a protector of children and also as one whose boon can ensure the birth of sons. Shashthi is worshipped on the sixth day after childbirth and also on the sixth day of each lunar month. The basic format for these separate occasions remains the same: penance through fasting, cooking of special foods, reciting the *vrata-katha*, worshipping the goddess (*puja*), and petitioning the deity.⁶³ According to the *kathas*, the diligent observation of the twelve-monthly cycle of Shashthi *vrata* ensures that the “worshipper would get any boon she wanted, that her children would return alive from the funeral pyre, and that she would never be beset by any illness or sorrow”.⁶⁴

Sara Ruddick locates “maternal practice” in the “response to the reality of a biological child in a particular social world” and she theorises that mothers are committed to meeting the demands for “*preservation, growth and social acceptability*” through “works of preservative love, nurturance and training”⁶⁵ (Ruddick 17). The reality of caring for very young children in a precarious world fraught with uncertainties—like diseases, accidents, and premature death—make mothers seek reassurance through *Shashthi*’s divine protection. This is their “response to the reality of a biological child in a particular social world.” There is, apparently, a degree of agency in this response, as *vratas* are performed voluntarily: a woman or mother may choose to ‘keep’ (perform) as many or as few *vratas* as she wants for the preservation and growth of her family/children. Flueckiger comments that *vratas* are “female-centered ritual occasions” that “are believed to give their participants agency in shaping and reshaping their lives”.⁶⁶

During *Neel Shashthi* (where *Shiva* and *Shashthi* are worshipped together, especially in Bengal, to prevent untimely death of children and to beget sons) the accompanying *katha* narrates how a childless Brahmani [wife of an upper-caste Hindu Brahmin (priest)] devotedly performs the fast and the *vrata* rituals and was rewarded by the goddess:

Soon she became pregnant. After ten months and ten days she gave birth to a golden, moon-faced son. Soon, she had more children. Her husband gained fame as a learned pundit in Kashi. Her sons grew up and started earning well, and the household brimmed over with money, gold and diamonds.⁶⁷

These *vrata* narratives, as well as the promises they contained, are passed down generationally from mothers to daughters. Thus, apart from preservation and growth, these *vrata* performances are also a “training”

⁶⁰ Ibid.

⁶¹ Ibid., 139.

⁶² Ibid.

⁶³ Flueckiger, *Everyday*, 147.

⁶⁴ Bhattacharya, *Bratakahini*, 310 (translation mine).

⁶⁵ Ruddick, *Maternal*, 17.

⁶⁶ Flueckiger, *Everyday*, 167.

⁶⁷ Bhattacharya, *Bratakahini*, 112 (translation mine).

site for daughters, and is a significant marker of their “social acceptability.” Indian feminist scholars have noted how Hindu rituals of worship were “tools of socialisation” that shaped girls into “model wives” and mothers: “Proverbs and the *‘bratakathas’* (the instructional narratives accompanying the ritual penance known as the *‘bratas’*) are the major sources of the personality-formation of the girl child”.⁶⁸ Anthropologist Manisha Roy observes how Hindu Bengali girls observe, listen to, and participate in the homespun *brata* performances of their older female relatives. Roy documents the *Shasthi brata katha*:

The story talks about a very lazy and unmannerly woman who did not observe wifely duties such as cleaning the house, cooking in time, and waiting for the men to come home and eat. She often ate before others and was too lazy to work. She also never bothered to worship the deity *Sasthi*. As a result, she never had a child who lived to grow into an adult. They all died at very early ages. After she lost several sons she dreamed one night that the deity would be appeased if she began to observe her *brata*. She did, and her next son lived and she had several children afterward.⁶⁹

The *vrata* narration trains the girl child in several ways. Girls learn the details and processes of *vrata* performances by listening to these instructional narratives. The narratives are also exemplary: girls learn how the ideal Hindu mother and wife are constructed through selfless sacrifice for, and dedicated service to, the family. The *vrata* narratives emphasise how women’s happiness is intermeshed with, and dependent upon, the well-being of the men in their lives. The accompanying disciplining through ritual fasting—always performed to benefit the other/man—also reinforces the ideal of sacrifice. Girls also learn *why* it is necessary to become good Hindu wife and mothers: the cautionary narratives map the routes of obedience (leading to reward) and defiance (leading to punishment). The blessings of the deity bestow “*saubhagya*-good fortune-or auspiciousness” which has to “be carefully nurtured” and earned by adhering to the regular, year-long schedule of the *vratas*.⁷⁰

This imperative in the *vrata* instructions subverts and contests the agency of choice that *vratas* claim to provide. Mandakranta Bose writes that though *vratas* “provide a very special space reserved for women, in effect a refuge where they achieve a significant measure of self-sufficiency” but cautions, “Whether this can be regarded as women’s empowerment is debatable”.⁷¹ Leela Dube examines how *vratas*, along with other Hindu rituals and stories, produce women as “gendered subjects”.⁷² While *vratas* do function as a site of mothering and performative agency and as a space for female connections and solidarity; they also serve as a site of reproducing patriarchal Hindu motherhood (and this is emphasised more by Indian scholars like Bagchi, Bose, and Dube). In Hindu *vrata* performances, mothering is synonymized with patriarchal motherhood, agency is aligned with obedience, and self-sacrifice is equated with selfhood. However, it is significant that *vrata* narratives and performances offer mothers an authoritative space validated by the local, diverse and heterogenous ‘little traditions’ of Hinduism, as opposed to the ritualistic irrelevance of mothers in the scriptural ‘great tradition’ of Hinduism.

5 Conclusions

In this paper I have tried to indicate how the maternal functions of pregnancy, childbirth, breastfeeding and mothering are regulated by men through scriptural and cultural disciplinary regimes. In Hinduism, the subjugation of women occurs at the nexus of gender and caste, because ensuring of caste purity can only be done by regulating gendered bodies. Manu writes: “The husband enters the wife, becomes a foetus, and is born in the world.... [A] wife bears a son resembling the man she loves; to ensure the purity of his offspring, therefore, he should carefully guard his wife”.⁷³ In the Hindu regulatory procedures for pregnancy, birthing, breastfeeding and childrearing, it is the maternal body that is scrutinized and controlled, and praised when

⁶⁸ Bagchi, “Socialising”, 2216. *Vrata* is pronounced *brata* in Bengali.

⁶⁹ Roy, *Bengali*, 36.

⁷⁰ Dube, “Construction”, WS-15.

⁷¹ Bose, *Hindu*, 139.

⁷² Dube, “Construction”, WS-11.

⁷³ Manu, *Law Code*, 155.

it obediently produces the desired results, or blamed and shamed when the results are undesirable. However, I have also attempted to show how there are interstitial transgressive sites—like the active role of *dais* during birthing; the disruptive potential of wet-nursing; and the domestic *vrata* traditions—where mothers have a more active role and space to engage in the preservation, growth and training of their children. Although the overarching control of maternal bodies and the scriptural strategies—of regulated care, rewarding for obedience, and manufacturing of consent—that enforce this control through a valorisation of motherhood may produce a sense of maternal self-fulfilment and a compensatory socio-cultural status-enhancement, yet the Hindu framework for childbearing and childrearing does not encourage non-normative, independent or resistant maternal thinking.⁷⁴

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⁷⁴ The findings of my study have been presented earlier—in altered or partial versions—at the three international workshops which constituted the series, *Religionification of Motherhood and Mothers’ Appropriation*, at the Max-Weber-Kolleg, University of Erfurt. 1. *Breastfeeding(s) and Religions: Normative Prescriptions and Individual Appropriation. A Cross-Cultural and Interdisciplinary Perspectives from Antiquity to the Present*, held at the Max-Weber-Kolleg (University of Erfurt) on July 11-12, 2018. (Organisers: Giulia Pedrucci and Olivera Koprivica; proceedings were published in Pedrucci, *Breastfeeding(s) and Religions*. See esp. Sarkar, “The Wet Nurse in Hindu Discourse: A Triangular Investigation.”) 2. *Pregnancies, Childbirths, and Religions: Rituals, Normative Perspectives, and Individual Appropriations. A Cross-Cultural and Interdisciplinary Perspective from Antiquity to the Present* held at the Max-Weber-Kolleg (University of Erfurt), January 31 - February 1, 2019. (Organisers: Giulia Pedrucci and Claudia D. Bergmann. Proceedings will be published in Pedrucci, *Pregnancies, Childbirths*. My chapter is Sarkar, “Hindu Regulatory Frameworks for Ideal Pregnancy and Childbirth.”) 3. *Mothering(s) and Religions: Normative Perspectives and Individual Appropriations. A Cross-Cultural and Interdisciplinary Approach from Antiquity to the Present*, held at the Max-Weber-Kolleg (University of Erfurt), 16-17 July 2019. (Organisers: Giulia Pedrucci and Emiliano R. Urciuoli. At this workshop, I presented a paper entitled “*Adarsh Mata*: The Changing Mothering Practices of the Ideal Hindu Mother.” It will be published in Pedrucci, *Mothering(s) and Religion*.)