

Son-preference and family planning: Women Using Reproductive Technologies and Spiritual Healers in Urban Middle-Class India

Ambika Kohli

Abstract

Both son-preference and small family size are important elements of contemporary urban middle-class Indian families. The prevalence of small families of one or two children with a strong desire to have a son has pushed women to resort to illegal means of ultrasound sex-detection, use services from spiritual healers, and follow ancient Indian knowledge. I have used the concept of technologies to explain the use of modern reproductive technologies and the application of ancient spiritual knowledge in women's lives. In addition, I have employed the concepts of multiple modernities that suggests the use of technology to meet contemporary reproductive needs is quite modern in itself. It is a qualitative study of urban middle-class married mothers in the states of Delhi and Haryana, India, view and practice son preference. I conducted semi-structured interviews with 45 urban married, educated, middle-class mothers recruited through the snowballing technique. This article suggests that technology and society are mutually constitutive interests technology can be seen as both shaped by social-cultural settings and shaping social structures.

Keywords: middle class, multiple modernities, Indian women, son-preference, spiritual healers, technology,

Introduction

This article discusses how married women with children from educated urban middle-class backgrounds use modern technology and spiritual technology/knowledge to have a son. Son-preference is quite common in India, and India has the second-lowest female child sex-ratio in the world after China. The use of ultrasound and other reproductive technologies have replaced female infanticide with foeticide. This explains that people engage with technology to reach their goals within their local socio-cultural, economic, and political environment; and the use of technology is embedded in socio-cultural elements.

There is no universally accepted definition of technology. Different scholars, NGOs, and social programme developers have defined and employed technology differently. The word technology originated from the Greek term *techne*, which means the knowledge of how to produce things (Burkitt, 2002). Though technology in the popular sense these days is mainly understood as the

use of artificial human artefacts, technology cannot be limited to machinery or production only (Burkitt, 2002, p.222). It encompasses artefacts, cultural knowledge, cultural skills, access to cultural resources, activities, cultural rituals and social relations (Matthewman, 2011). Therefore, technologies cannot be viewed in isolation from people's desires and socio-cultural settings.

Therefore, in this article, technology is not only limited to modern machines but understood as a form of knowledge which is an essential part of urban middle-class women's lives. The women use spiritual technologies within the modern neoliberal and patriarchal settings to meet their reproductive goals. To obtain a better insight into how modern and traditional are interacting I have employed the concepts of multiple modernities.

Multiple Modernities

Traditions are often seen to be static, conservative, bound, non-Western, communal, uncivilised, and backwards, as well as ahistoric (Eisenstadt 1972: 1; Spiegel & Boonzaier 1988: 41–44; Wolf, 1997: 12). There is no universally accepted definition of modernity. However, modernity in the 1950s articulated the notions of “imperatives of change and progress” and “universal norms and the promise of a better life” (Misa 2003: 5). Indeed, the classical theories of modernity prevalent in the 1950s, such as those of Max Weber and Karl Marx, stated that over time, the Western European modernity would become universal by replicating Western social forms throughout the world (Eisenstadt, 2000: 1). This dichotomy suggests the Eurocentric view that tradition is inferior and modern is superior (Wolf 1997).

By contrast, S N Eisenstadt (2000) proposed the theory of multiple modernities that rejects Western hegemony in favour of the idea of universal modernity. Eisenstadt argues that these dominant classical modernisation theories tend to ignore the huge variations within the West (Casanova 2011; Eisenstadt 2000; Kaviraj 2005). Similar to the West, non-Western countries also reveal distinctive modernities because non-Western societies have adopted some components of modernity within their local context without giving up all of their own specific elements of cultural tradition (Casanova, 2011; Eisenstadt 2000).

Eisenstadt (2000) explained multiple modernities as a repudiation of Western modernity's homogenizing and hegemonic model in the non-Western modernising societies. The European model of modernity spread to the world through military, technological and economic expansion; International Journal for Intersectional Feminist Studies, Volume 7, Issue 1-2, December 2021, ISSN 2463-2945

however, not all aspects of this model of modernity were accepted by the non-Western societies (Eisenstadt, 2000). Thus, modernity is not same to Westernisation, nor is Western modernity the authentic modernity, even if it enjoys historical precedence (Eisenstadt 2000: 3). Modern practices are not plainly new, but they are situated in historical and social context as modernity is not written on a “clean slate” (Kaviraj 2000: 138). Often modernity at different settings is the product of ongoing interaction between traditional and contemporary cultural traditions, including pre-existing socio cultural arrangements, and it is historically specific (Deshpande 2003: 84; Eisenstadt 2000; Kaviraj 2000, 2005; Thornton 2001). For instance, India had a different colonial experience from Latin America and other Asian countries because of different sociocultural settings and histories (Kaviraj 2005). Likewise, contemporary social movements in the non-Western countries are anti-Western, and yet modern since they address current concerns (Eisenstadt 2000). They are culture-specific and shaped in a given society by the traditional values and historical experiences of that society. Similarly, various institutions such as family, education, economic and political structures are shaped in the process of modernisation within their given sociocultural and historical settings signifying different expressions of modernities, both at the local and national level (Eisenstadt 2000). Therefore, modernity in different parts of the world is not the product of Western modernity alone, and takes different forms.

In contemporary India, for example, the phenomenon of multiple modernities is evident as modernity took on a much different shape from that of the West. However, Dipankar Gupta (2000), in his book *Mistaken Modernity: India between Worlds*, claimed that India has still not achieved modernity even though there are definite moves away from tradition. Mistaken modernity suggests that patriarchy and oppression coexist, and true modernity could not be achieved without adhering to Western universal norms and ideological change (Basu, 2005; Gupta, 2000). This theory of mistaken modernity is contrary to the idea of multiple modernities, and provides a rigid idea of modernity as it stresses replicating the Western homogeneous model of modernity. It ignores the fact that each society experiences and reproduces modernity in a distinctive way and its socio cultural structures and history cannot be completely eroded while achieving modernity. Therefore, I disagree with Gupta, and argue that the Indian modernity is distinctively modern even though it appears to be greatly influenced by traditional cultural values

and historical experiences. Modernity in India, therefore, cannot simply be understood as countering patriarchal norms, nor is it simply Western and alien (Chaudhuri 2012: 284).

The traditional and modern cannot be simply understood as two distinct parallel categories; instead they are in a complex interaction both at macro and micro levels. Multiple modernities suggest that local concerns and interest are also being reconstituted, and transformation is not happening at the macro level of nation state, politics and democracy alone, but also shaping various institutions (Eisenstadt 2000). Here changes are evident at both the macro and micro levels. One of the transformations at the macro level is change in the educational system (Kaviraj 2000, 2005). Kaviraj (2000) highlights changes within the Indian education institutions which have the potential to affect people's everyday lives at the micro level. For instance, English medium education was traditionally limited to males from high social classes, but now, to a large extent, males and females from the urban middle class, and to a lesser extent, the working class also has an access to higher English medium education. Moreover, in the Brahminical education system emphasis was given on memorizing rather than analysing the content. The modern education system introduced during the colonial period has raised awareness of developing critical capacities, in addition to memorising that is still emphasised (Kaviraj 2005: 517–18).

Multiple modernist theorists place immense importance on the roles of the elite in shaping multiple modernities (Casanova 2011; Eisenstadt 2000; Kaviraj, 2000). As Kaviraj (2000) explained, the Bengali elite, who had modern education during the colonial period, shaped the process of political modernity by choosing appropriate Western values and also retained certain traditional Indian values. During the colonial period, the elite could be understood as people belonging to the upper strata of society, such as upper caste or class, having modern education, and having an ability to apply that knowledge within their sociocultural context (Kaviraj 2000). These traits are quite common among the urban educated new middle class in contemporary times with increasing literacy rates and modern lifestyles (Thapan 2001). Unlike the old middle class, the new middle class group does not only consist of people of upper caste, it also constitutes 26% of households in India (Baviskar & Ray 2011: 2; Sridharan 2011: 36). However, similar to the old elite, this group does not constitute a majority, but plays a vital role in the process of social transformation through their practices, such as new forms of commodity consumption, luxurious lifestyles (Brosius, 2010), and adhering to modern English education.

Thus, it could be suggested that shaping of multiple modernities in India is no longer the preserve of specific groups of elite; rather the educated new middle class plays a vital role in this process.

Spiritual Technologies

Family planning was introduced as a nationalist and development discourse in the mid 1960s in India; it has now become an indispensable part of middle-class values. Women used modern reproductive technologies to control conception and birth and for the purpose of prenatal diagnosis and sex-selection. The modern reproductive technologies that the participants used were: contraceptive technologies, ultrasound technology, and medical termination of pregnancy. However, the main theme of this paper is to explain how participants practised spiritual beliefs (i.e., seeking help from spiritual healers) and traditional practices or ‘technologies’ (specific sexual behaviour, fasting, specific diets) to control conception, and to practise son-preference.

Using ancient spirituality to meet their modern needs of son-preference and small family is an illustration of multiple modernities. Multiple modernities embraces the observation that contemporary social structures tend to shape women’s reproductive agency in a manner where some aspects of traditional values are retained. This signifies the complex web of interaction between modern and traditional as modernity in India incorporates patriarchy and development, equality and inequality, liberation and oppression.

Technology and society are mutually constitutive, and influence each other, because “Technologies interact deeply with society and culture, and this involves the mutual influence of substantial uncertainty, and historical ambiguity, eliciting resistance, accommodation, acceptance, and even enthusiasm.” (Misa, 2003, p.7). Matthewman (2011) also sheds light on the complexity of technology:

We structure our worlds with technology; we perform our reality with it. Technologies, in turn perform us. They are agents of social change and of social stability, helping to produce self and society. At such they are forms of order and forms of life (Matthewman, 2011, p. 175).

Because of their socio-cultural settings the participants in my research had the knowledge and ability to practise spirituality and traditional practices including fasting or consuming specific diets or engaging in sexual practices based on lunar calendar calculations. Women also used

traditional contraceptive technologies, both non-material, and natural, to regulate their fertility and manage family size (Basu, 2005, p.304). Participants mentioned using the rhythm method, not having sex at all, or males ejaculating outside of the vagina during intercourse. Participants also had access to modern reproductive technologies because of their educational and financial advantages. These technologies were used to manage their family size, to practice son-preference, to regulate their fertility or to maintain their reproductive health.

However, as mentioned by Kaviraj (2000) modernity was not written on a “clean slate”; thus, it can never be homogenous, and takes multiple meanings in different spaces (p.137). Similarly, technology takes different socio-cultural meanings in different social spaces, and is often used for “purposes other than originally intended” (Gupta, 2000, p.16; Matthewman, 2011). The new reproductive technologies are not politically or socially neutral; instead these technologies are capable of transforming social relationships, and also get transformed “in their use and meaning” (Unnithan-Kumar, 2010, p.5) For example, in India the use of contraceptive technologies is not only employed for the purpose of individual fertility management; there is a strong political motive to control population as well (Gupta, 2000). The population control narrative gained stronger ground in India in the early years of neoliberal reform when the Indian government encouraged the notion of small families to eradicate poverty, and for the purpose of socio-economic development (Dutta, 2008). Participants in my research used new reproductive technologies for these very purposes: family planning to have a quality life, being able to afford different consumer goods able to provide a good education for their children.

Methodology and Profile of the Participants

This qualitative study was carried out among 45 urban Indian educated married middle-class women with children in the urban regions of two states: Delhi and the Yamuna Nagar district in Haryana in year 2010 and 2011. By recruiting urban educated middle class married mothers I was able to analyse how women use their knowledge and modern reproductive technology to meet their traditional and patriarchal goals of having a son.

The present study was approved by the Human Ethics Committee of the University of Canterbury, New Zealand. All of the participants were recruited through the technique of snowballing and I conducted semi-structured interviews in Hindi language with them. Initially, I

International Journal for Intersectional Feminist Studies, Volume 7, Issue 1-2, December 2021, ISSN
2463-2945

approached my acquaintances to ask them if they would be interested in participating (if applicable), or if they could spread the word around regarding my research. Forty-three of the 45 participants were from Hindu religion and two were Muslims. The participants were from different age groups, from mid-20s to early 60s. Despite being from diverse religious backgrounds and different age ranges all of the participants shared similar experiences of son-preference.

Using the snowballing technique to recruit participants means there are high chances that a recruiter reading this article might be able to identify any participant through her identification details. In order to protect participants' identity I have used pseudonyms and changed their identification details such as their field of work or study. Participants were from both working and non-working backgrounds. Those working were either self-employed, or working in public or private sectors in the field of education, medicine and law. Twenty-nine participants were working and 16 were housewives. Most of the participants had more than a basic education; only two participants studied till year five, and the remaining either finished their schooling (16 participants) or were highly qualified (27 participants): some of them were doctors, doctorate, lawyers, government officers, teachers, or professors. Since all of the 45 participants were educated they were aware of the use of reproductive technologies such as ultrasound, amniocentesis, use of contraception, and many of them used traditional beliefs and practises to have a son.

All participants are from middle-class background. In this study, middle-class is defined as those who have more than the basic necessities of life (food, clothes and shelter) such as a car, mobile phone, laptop, air-conditioner, and fridge. In urban areas, middle-class groups are no longer limited to upper-caste Hindus, but consist of people from different religions and castes.

Sridharan (2011), based on income earnings, suggests three middle-class groups in India. These include elite middle class (more than INR¹ 140,000 p.a.), expanded middle class (from INR 105,000 p.a.ⁱ) and broadest middle-class (from INR 35,000 p.a.). My participants belonged to the expanded middle-class group.

¹ INR means Indian national Rupees

International Journal for Intersectional Feminist Studies, Volume 7, Issue 1-2, December 2021, ISSN 2463-2945

However, it is important to note that class cannot be classified solely on the basis of economic capital; cultural values also play an important role. Practising specific cultural values such as providing quality education to children (to both sons and daughters), maintaining a happy family life, and being self-sacrificing mothers are essential features of the urban middle class group (Kumar, 2005; Kumar, 2011; Thapan, 2009). These features were clearly visible in the interviewees' accounts.

Participants' interviews are analysed under the light of son-preference, consumerism, and family planning.

Findings

The first finding is that the participants used ultrasound for sex-detection and received spiritual guidance from spiritual healers to determine the sex of the foetus as a boy. Interestingly, even though participants were highly educated they received services and guidance from local healers to have a son. The majority of the participants mentioned using spiritual methods when they had their children in the 1990s or 2000s. In contrast, only two participants who had their children in the 1980s availed themselves of the services of spiritual healers. This signifies the popularity of spirituality is more prevalent among the younger generation where educated people resort to traditional practices in a modern way to meet traditional patriarchal needs. For example, Ruby was highly educated and had her three children because of family pressure in the 1990s in the hopes of having a son. She obtained an ultrasound during her third pregnancy; she said that "I went for an ultrasound in the fourth month because everyone wanted a son." Ruby was the only participant who was not interested in having a son at all, but still took the chance to have a son because of her affinal and maternal families' pressure. On the contrary, the majority of the participants obtained ultrasound to actively detect the sex of the child as they were themselves interested in having a son. After the popularity of family planning discourse shift in the family size is evident in India, but no major transformation in son-preference ideology can be recorded (Census, 2011; Visaria, 2007).

According to the Indian Ayurvedic principles it is believed that till the third month of pregnancy, the sex of the child is not determined, thus it could be changed through medicines or different rituals

(Oomman & Ganatra, 2002). Ayurvedaⁱⁱ also provides information on special diets and specific time for intercourse in order to have a child of specific sex (Gupta, 2000, p.512).

Sheila: Yes, this is very common. These medicines are given by wise ladies. It is believed, that these medicines can change the gender of your child gets. This needs to be consumed with the cow's milk. I know of one such lady she has given this medicine to 10-12 people and everyone had a boy after that. This is very common in India. Those kinds of people who give these kinds of medicine are very rare, but still they exist.

Researcher: If you get that medicine in the market then what is the point in having a sex-selective abortion?

Sheila: You do not get these medicines from the market. These medicines are only given by those aunts [elder women] who have God's grace. They give that medicine. It is like a powder I do not know how it is made. But you have to take it with cow's milk.

It is interesting to note that my participants were educated, and were aware of the scientific fact that sex is determined at the time of conception and cannot be changed after that. Moreover, they were also aware of that male chromosomes determine the sex of the child, yet they consumed spiritual medicine themselves. They strongly mentioned these Ayurvedic principles to be scientific, and as a form of traditional knowledge that modern western science lacks.

It is quite common for Indian people receiving assistance from modern reproductive technologies to rely on both modern technology and spiritual healers, and to have a strong faith in God or spiritual powers (Bhardwaj, 2006; Unnithan-Kumar, 2005). Almost every participant, including two Muslim participants, used this phrase "God's wish." In India a majority, even the educated, believe that destiny and God control everything (Bhardwaj, 2006; Kluckhohn & Strodtbeck, 1961). The majority of the participants who practiced son-preference through resorting to spiritual means and charasmic power of healers also procured an ultrasound to detect the sex of the child.

Radha's case exemplifies this. During her third pregnancy she used ultrasound and also received help from the spiritual healers at the same time in her wish for a son. She was highly educated and a mother of two daughters and one son. Radha had her children in the 1990s, and after the birth of her first daughter she had two more pregnancies in her desire to have a son. She gave birth to her son in her third delivery. She consumed the medicine given by the spiritual healer and also obtained an ultrasound to confirm she was carrying a male foetus.

Radha: We did not do anything [ultrasound or took any help from a spiritual healer] during my first pregnancy. During the second pregnancy I consumed medicine but still it was a girl. Then during the third time I had the medicine and had an ultrasound as well.

Researcher: You still trusted the medicine?

Radha: Yes, I did because during my third pregnancy I took the medicine from a different person. This person who used to give this medicine only had daughters, but all of his daughters had sons. His medicine was a panacea. I also had an ultrasound and it confirmed a boy. So it was really hard to trust his medicines initially because he only had daughters, but his medicine was actually a panacea.

Spirituality is viewed as a panacea for all modern problems (Carrette & King, 2005, p.1), and Radha's account sheds light on this where different healers are available to meet people's needs that are shaped by contemporary urban middle-class patriarchal structures. In availing themselves of these services, women themselves reproduced patriarchy through their bodies and choices.

In addition, women who resorted to spiritual healers to produce a son mentioned that they experienced stress, anxiety, pleasure and hope because they were not sure about the success rate of these spiritual services. Kiran, was in her mid-20s and had her daughter in the mid-2000s. She shared similar views and raised issues about the authenticity of these spiritual medicines. She consumed these medicines though she did not get to know the sex of the child because she suffered a miscarriage in that pregnancy. The majority of the participants who consumed these medicines viewed it as some traditional form of spiritual knowledge possessed by a very few divine souls. Unlike many other participants Kiran believed these medicines to be totakes (superstitious beliefs) with no scientific logic, yet she still consumed the medicine because she wanted to try everything that could help her have a son.

Isha, was in her mid-20s and was highly educated and a mother of a girl. She had similar views to Kiran's on spiritual medicine. She consumed spiritual medicine during her pregnancy, but she still delivered a baby girl. She said that

Isha: After consuming these medicines if a son is born then everyone believes that it was because of the medicines. But, if a girl is born then the mother is blamed and people say that she might have not taken proper precautions, while consuming the medicine, as advised by the healer.

This shows the strong faith people have in the healers. Moreover, this explains that women need to discipline their body in certain ways to conceive a son and receive spiritual blessings. Furthermore, Isha and her whole family were against sex-selective abortions so she never obtained an ultrasound. She mentioned that other than taking the medicine she also followed some practices to have a son:

I was told to take dry coconut from my husband's hand when facing towards the sun while I was pregnant in order to have a son. I tried that but nothing happened. But, my sister-in-law was also pregnant she did the same thing and she had a son, but I had a girl. So basically these things have no logic: it is like following each other blindly.

Although no spiritual and traditional beliefs were effective for her she practiced another traditional belief by engaging in sexual activities during full moon nights. Participants mentioned this to be a traditional knowledge as these beliefs are mentioned in Vedas (ancient spiritual books of Hindus).

The second key finding is that women engaged in sexual activities at specific time period in a desire to have a son. Engagement in sexual activity during full moon nights was one of the most popular methods that the participants, both Hindus and Muslims, practised to produce a son. Thapan (2009) argues that "the social construction of "female need" constrains women to invest in maternity rather than sexuality." (p.99). However, different superstitious beliefs around engaging in sex in order to have a son provided women with opportunities to initiate sex chat and sex with their husbands and to experiment with and explore their sexuality without hesitation. Interestingly, no participant said they engaged in specific sexual activities to produce a daughter. Although I do not know much about the participants' sexual lives, nobody mentioned sex as a forced thing or having no interest in sex except Sheetal. They had sex on their own terms and used the contraception of their choice.

Rama was in her mid 30s and had three children two daughters and one son. She engaged in sexual activities in a particular way in order to have a son, after which she delivered a baby boy. She mentioned that her husband was never interested in having a son, and it was only after her prolonged negotiations that he got ready. After this they followed certain beliefs prior to engaging in sexual activities:

Researcher: Many people engage in certain sexual activities or would take medicines from spiritual healers to have a son. Did you do any such things?

Rama: No, no, we are not that orthodox [to consume medicines]. Yes, but somebody told me to make my husband consume dry dates with milk as this would provide energy. I do not know what the logic was, but we did this, other than this we did not do anything.

Researcher: so was it before you getting pregnant or after that?

Rama: Before pregnancy I was told to give him dates and milk for a month as it gives energy, and we were told to maintain distance among us. This means not to have sex during that period, and to wait for a while. Even though we are quite broad minded still we were happy that it would be good if we could have a son through this. Because society is not capable at the moment of accepting girls. Girls are good, but only when accompanied by sons.

The participant also raised her concern for her daughters' safety in the wake of various sexual attacks against women in India. Rama at an individual level expressed her inability to change patriarchal socio-cultural norms and expectation.

Rama discarded the idea of consuming spiritual medicines and dismissed these as being too illogical or orthodox or traditional. She instead followed a nutritional approach to make their bodies capable of producing a son.

The third finding is that women widely observed religious fast and seek guidance from astrologers to have a son. Observing fasts for Hindu women is part of their daily lives (Pearson, 1996). These fasts do not only involve controlling natural body desires such as hunger and thirst, they also reinforce male domination by reproducing patriarchal structures as women are expected to perform these fasts for the well-being of their husbands or sons (Pearson, 1996; Talukdar, 2014). These include the Ahoi fast for the long life of sons and Karvachauth for the long life of husbands; in some fasts that supposedly promote the conception of a son, women do not even take a sip of water (Kohli, 2009). In contrast, no fasts are observed by men (Pearson, 1996). It is important to mention that many women who had only daughters or prior to having sons, and even after having sons observed Ahoi fasts for the well-being of their daughters as well. This was a fast traditionally observed for son's well-being and birth.

Observing fasts is based on the traditional idea of self-sacrifice, self-discipline, and receiving spiritual blessings by starving and causing pain to the body to achieve desired wishes (Thapan, 2009, p.62). Only one participant mentioned observing a fast to produce a daughter. Apart from her all the participants who observed fasts did so to procure a son. Rita narrated her experience in this context:

I observed the fast on Thursdays. My mother-in-law said that Thursdays' fast suited her and it meant she was blessed with sons when she observed fasts on Thursdays.

Women also received help from astrologers in order to discover whether they will have a son or not. Astrology is considered to be a traditional scientific study of cosmic and planet positions and their effects on people's lives by its practitioners and consumers. Therefore, the participants visiting astrologers use the traditional forms of knowledge. However, astrology and fortune telling are a big business in India these days, and even high Indian government officials or big

movie stars regularly consult astrologers (Holt, 1998). Kanu was in her 50s and have 3 daughters and 1 son. She also tried for a fourth time to have a son after guidance from a spiritual person deemed to be blessed with spiritual powers. In order to discover whether they will have a son or not they contacted the astrologers. Astrology is considered to be a traditional scientific study of cosmic and planet positions and their effects on people's lives by its practitioners and consumers. Therefore, the participants visiting astrologers use the traditional forms of knowledge. However, astrology and fortune telling are a big business in India these days, and even high Indian government officials or big movie stars regularly consult astrologers (Holt, 1998). Kanu was in her 50s and have 3 daughters and 1 son. She also tried for a fourth time to have a son after guidance from a spiritual person deemed to be blessed with spiritual powers.

Once an old man came to my office. At that time my hand got slashed by a blade by mistake. I was wrapping it with a band-aid. He asked me to show my palm to him and I did. Then he read my palm and asked me how many children I had. I told him three daughters, but I could not tell him about my first abortion. He said to me that I had a son in my destiny. I thought maybe the first one was but he was gone. I said that I already had three children and there was no point that I would have a fourth one. He said no I should try as my third daughter has a brother in her destiny. He looked so poor and illiterate he said, "No, your younger daughter she has a brother in her fate. No power of this world can stop you from having a son. You will surely have one." I said okay, then after 2-3 years I again met him. He asked me if I had three daughters and did I have a son or not. I told him not but he insisted on trying for a son, and that I will surely have a son, and if not he will stop predicting.

Visiting different astrologers to show her daughter's birth chart in order to confirm whether her youngest daughter has a brother in her fate or not suggests the modern nature of spirituality. This is a manifestation of consumerist ideas where different people who possess these powers are present to provide answers to the future questions.

Discussion

The replacement of female infanticide by foeticide under the umbrella of technology, and the mushrooming of private sex-determination clinics, illuminates the web of today's consumerism-commercialisation where modernity incorporates both development and patriarchy. Participants in my study largely obtained an ultrasound for the purpose of sex-detection.

The constant dominance of son-preference in women's lives is apparent in the above discussion. Women's bodies remain an important site to reproduce patriarchy, and the wish to have a son

results in women engaging with different reproductive spiritual and traditional technologies. These technologies are in constant interaction with different socio-cultural elements in their patriarchal social settings. At first glance, spirituality might look quite ancient, but its contemporary engagement within urban middle-class social settings in the context of women's reproductive choices is suggestive of multiple modernities. Moreover, both spirituality and modern technology are forms of knowledge that women used to practice son-preference, as in Radha's case. However, while making these decisions, women are not fully empowering themselves as they are not transforming patriarchal structures to meet their desired outcomes.

Interestingly, participants used spiritual and traditional practices to influence the sex of the foetus, and ultrasound played a vital role in sex detection. They mentioned resorting to spiritual methods in conjunction with ultrasound. These participants used spiritual and traditional practices to influence the sex of the foetus, and ultrasound played a vital role in sex detection. They mentioned resorting to spiritual methods in conjunction with ultrasound. These spiritual methods are often viewed as an ancient form of science (Prakash, 1999). The Indian religious and philosophical texts are revisited by many Indian and Western researchers in the light of scientific knowledge to decipher the scientific logic embedded within those texts (Prakash, 1999). Stem cells, IVF, and other forms of modern reproductive technologies are claimed by many researchers to be a part of the ancient Indian heritage which are discussed in ancient Indian scriptures like Mahabharata (Bhardwaj, 2006). In the scenario where superstitions are being replaced with logical and scientific reason spirituality is becoming quite popular among the urban educated middle-class in new ways.

In India, for the urban educated middle-class, resorting to spiritual pathways to fulfil one's desires is quite common, especially in reproductive issues such as infertility problems, or to have a son, and in rare cases to have a daughter. For instance, in order to combat infertility women did not only engage with modern reproductive technologies, but they often resorted to traditional practices such as going to temples, astrologers, traditional healers, wearing spiritually blessed charms, or observing tantric rites (Bhardwaj, 2006; Chhabra et al, 2012). Modern and traditional, sacred and profane, science and spirituality work together in India to solve reproductive problems (Bhardwaj, 2006, p. 451) which sheds light on the concept of multiple modernities.

Modern new ways of thoughts and lifestyles have not abandoned the traditional, since both traditional and modern coexist (Ramanujan, 1989), of course in a novel way.

Participants talked about local healers who were deemed to be blessed with spiritual powers and wisdom; and, through their powers they were deemed to help women in giving birth to a son. I will refer to these healers as spiritual healers the term used by Unnithan-Kumar (2005, p. 62) in her work "*Conception Technologies, Local Healers and Negotiations Around Child Bearing in Rajasthan*". In her study on poor women in the urban area of Rajasthan, she discussed that these healers treated gynaecological problems. However, unlike Unnithan-Kumar's participants, my participants belonged to the middle class, were educated and contacted spiritual healers not because of infertility issues, but in their desire to have a son.

It is a common experience in Northern India to see advertisements on television, newspapers, in buses and trains by healers who claim to make barren women fertile and give a son to women who do not have one. These spiritual services are based on modern capitalist consumerism ideology where different spiritual providers are available to serve different needs. Many of my participants, despite being highly educated, had a strong belief in their spiritual powers. It is common for modern Indian educated women to opt for spiritual practices to reproduce the patriarchy (Talukdar, 2014).

Thus, spirituality can be viewed as an example of how multiple modernities are upheld in relation to family planning development where both modernity and tradition, development and patriarchy, co-exist to suit contemporary demands. Therefore, Indian modernity cannot be understood as “victory of capital over community, modernity over tradition, West over non-West”. Rather “one enables the other’s reformulation” (Prakash, 1999, p.234).

Women’s bodies are actively engaged in the process of procreating a son: this is evident in many participants’ narration. The Hindu religious prayers women often recite during their fasts such as for Lord Ganesha mentions “Banjhan ko putra det nirdham ko maya” meaning that Lord Ganesha gives money to the poor and a child to a barren woman. A woman’s body is degraded as barren and simultaneously needing to be blessed to cure her infertility so she can bear a son. At the same time, no participant mentioned their husbands consuming spiritual medicine or observing fasts. Their husbands’ bodies were only involved in sexual activities. Sexuality and men’s masculinity are often linked in patriarchal settings.

Sheila's quote suggests that the spiritual healers' services are used by the urban middle-class women to reproduce patriarchy. In other words, these healers use their charismatic powers and spiritual knowledge to meet the contemporary patriarchal needs of the educated urban middle classes. Spirituality is influencing women's choices and women's choices are shaping spirituality in contemporary urban India. Sheila's account clearly illuminates that India is blessed with spiritual people possessing spiritual powers, and it is not a new thing to find them in India.

Traditional divine forms of knowledge did exist and were used in ancient and medieval India along with the ideology of possessing charisma and having certain spiritual and magical powers. by certain blessed people such as Sufis⁷¹, or Bhakatas⁷² or Rishi-Munis⁷³ who helped and guided others. However, these spiritual powers have been commercialised and are being used to meet the modern consumer demands of different classes in modern ways in the neoliberal economy. For example, spiritual guidance in contemporary times has been commercialised and packaged to meet contemporary needs such as education, health, foreign visits, financial problems, infertility (Carrette & King, 2005), son-preference, love problems, and so on.

Conclusion

Technology constitutes different forms of knowledge including spiritual, cosmic or traditional beliefs, knowledge, activities and rituals. In the context of my research, women were seen to be engaged with different technological processes within their specific socio-cultural class background, operating within patriarchy, conforming to the idea of small family size, and the aspiration to achieve bodily integrity. These dispositions played a vital role in shaping women's engagement with different technologies. However, technology also had a major impact on women's choices as increased dependency on different forms of technologies has helped women to meet contemporary goals easily. Therefore, technology is not socially or politically neutral; it bears different socio-cultural meanings within different settings.

Society and technology are mutually constitutive, and women's engagement with technology in itself is quite modern in nature and is localised within patriarchal urban middle-class settings. Aspiring to be modern by having a small family is quite common among the middle-class in contemporary urban India. This is the result of long term state-run family planning policies that advocated the advantages of a small family for couples, and was particularly directed at women. These programmes focused on safe motherhood, women's health, the reduction of child and mother mortality rate, and creating

better families (Simon-Kumar, 2007). The programmes were not about encouraging individualistic values among women, but to advocate happy and healthy families. Small family size is an important way for the urban middle-class to gain social prestige among their class-based networks. Women tried to maintain their class within their daily lives by regulating their fertility, and ensuring their well-being and health through the use of reproductive technology, traditional practices and spirituality. Interestingly, women's bodies remain the primary site to apply different forms of spiritual, traditional and modern knowledge in order to meet reproductive interests. This had both empowering and disempowering effects on women's lives as they both transformed patriarchy, covertly and overtly; and in many instances reproduced patriarchy.

Moreover, it is important to note that small family size has not only increased son-preference but has also resulted in the decline of son-preference. For instance, young couples now prefer small family size over son-preference. This gradual change is evident some regions, including Delhi and Haryana, as discussed in Chapter One. Women experienced shame and anxiety when they had traditional large families, even if it consisted of sons. However, son-preference remains a dominant practice and women resorted to different methods in order to have a son and a small family. The adherence to both modern small family norm and traditional son-preference is among the major paradoxes of modernities in the urban middle-class. This can be understood in the light of the multiple modernities phenomenon where patriarchy, development, equality, inequality, collective and individual values, science, sacred and secular co-exists. Middle-class values and aspirations in the wake of the neoliberal economy have influenced the traditional spiritual forms of practices as well. Spirituality has its own commercial market these days to meet specific contemporary consumer demands, and people are in the process of flexibly applying spirituality to meet their contemporary needs.

Similarly, modern reproductive technologies are serving the traditional purpose of son-preference. Throughout this process of securing their own interests technology can be seen as both shaped by social cultural settings and shaping social structures; that is, technology and society are mutually constitutive.

References

- Basu, A M 2005, 'Ultramodern contraception social class and family planning in India', *Asian Population Studies*, 1 (3), pp. 303-323.

Baviskar, A & Ray, R 2011, ‘Introduction’, in A Baviskar & R Ray (eds), *Elite and Everyman: The Cultural Politics of the Indian Middle Classes*, Routledge, New Delhi, pp. 1-23.

Bhardwaj, A 2006, ‘Sacred conceptions: Clinical theodicies, uncertain science, and technologies of procreation in India’, *Culture, Medicine and Psychiatry*, 30 (4), pp. 451–465.

Brosius, C 2010, *India’s Middle Class: New Forms of Urban Leisure, Consumption and Prosperity*, Routledge, New Delhi.

Burkitt, I 2002, ‘Technologies of the self: Habitus and capacities’, *Journal for the Theory of Social Behaviour*, 32 (2), pp. 219-237.

Casanova, J 2011, ‘Cosmopolitanism, the clash of civilizations and multiple modernities’, *Current Sociology*, 59 (2), pp. 252-267.

Census, 2011, Missing...mapping the adverse child sex-ratio in India, viewed 14th January 2016, <<http://www.censusindia.gov.in/2011census/missing.pdf>>

Chaudhuri, M 2012, ‘Indian “Modernity” and “Tradition” a gender analysis’ *Polish Sociological Review*, 2 (178), pp. 281-293.

Chhabra, S, Surjana D & Annapurna, M A 2012, ‘Health seeking practices of infertile women’, *The Open Reproductive Science Journal*, 4, pp. 10-13.

Carrette, J & King, R 2005, *Selling Spirituality: The Silent Takeover of Religion*, Routledge, London & New York.

Deshpande, S 2003, ‘Modernization’, in V Das (ed), *The Oxford India Companion to Sociology and Social Anthropology*, Oxford University Press, New Delhi, pp. 63-98.

Dutta, M J, 2008, *Communicating Health: A Culture-Centred Approach*, Polity, London.

Eisenstadt, S N 2002, ‘The first multiple modernities: Collective identity, public spheres and political order in the Americas’, in L Roniger & C H Waisman (eds), *Globality and Multiple Modernities: Comparative North American and Latin American Perspectives*, Sussex Academic Press, Brighton, UK, pp. 143-161.

Eisenstadt, S 2000, ‘Multiple modernities’, *Daedalus*, 129 (1), pp. 1-39.

Everts, S 1998, *Gender & technology empowering women, engendering development*, Zed Books, London & New York.

Gupta, D 2000, *Mistaken Modernity: India Between Worlds*, Harper Collins Publisher, New Delhi.

-
- Holt, P 1998, *Stars of India: Travels in Search of Astrologers and Fortune Tellers*, Mainstreaming Publishing, London.
- Kaviraj, S 2005, 'An outline of a revisionist theory of modernity', *European Journal of Sociology*, 46 (3), pp. 497-526.
- Kaviraj, S 2000, 'Modernity and politics in India', *Daedalus*, 129 (1), pp. 137-162.
- Kluckhohn, F & Strodtbeck, F 1961, *Variations in Value Orientations*, Row, Peterson, Evanston.
- Kumar, A 2001, *Social Transformation in Modern India*, Sarup & Sons, New Delhi.
- Kumar, N 2005, 'Mothers and Non-Mothers: Gendering the Discourse of Education in South Asia,' *Gender & History*, 17 (1), pp. 154–182.
- Matthewman, S 2011, *Technology & Social Theory*, Palgrave Macmillan, New York.
- Misa, T J 2003, 'The compelling tangle of modernity and technology', in T J Misa (ed), *Modernity and Technology*, MIT Press, London, pp. 1-30.
- Oomman, N & Ganatra, B R 2002, 'Sex selection: The systematic elimination of girls', *Reproductive Health Matters*, 10 (19), pp. 184-188.
- Prakash, G P 1999, *Another Reason: Science and the Imagination of Modern India*, Princeton University Press Princeton, New Jersey.
- Ramanujan, A K 1989, 'Is there an Indian way of thinking?' *An Informal Essay: Contributions to Indian Sociology*, 23 (1), pp. 41–58.
- Simon-Kumar, R 2007, 'Neo-liberal development and reproductive health in India: The making of the personal and the political', *Indian Journal of Gender Studies*, 14 (3), pp. 355–385.
- Spiegel, A & Boonzaier, E 1988, 'Promoting tradition: Images of the South African past' in E Boonzaier & J Sharp (eds), *South African Keywords: The Uses and Abuses of Political Concepts*, David Philip, Cape Town, pp. 40-57.
- Sridharan, E 2011, 'The growth and sectoral composition of India's middle classes: Their impact on the politics of economic liberalization', in A Baviskar & R Ray (eds), *Elite and Everyman: The Cultural Politics of the Indian Middle Classes*, Routledge, New Delhi, pp. 27-57.
- Talukdar, J 2014, 'Rituals and embodiment: Class differences in religious fasting practices of Bengali Hindu women', *Sociological Focus*, 47 (3), pp. 141-162.

Thapan, M 2009, *Living the Body: Embodiment, Womanhood and Identity in Contemporary India*, Sage, New Delhi, UK, California, Singapore.

Thornton, A 2001, 'The development paradigm, reading history sideways, and family change', *Demography*, 38 (4), pp. 449-465.

Visaria, L 2007, 'Deficit of girls in India: Can it be attributed to female selective abortion?' in T Patel (ed), *Sex-Selective Abortion in India: Gender, Society and New Reproductive Technologies*, Sage, New Delhi, Thousand Oaks, London, pp. 61-79.

Wolf, E R 1997, *Europe and the People without History*, University of California Press, Berkeley.

Unnithan-Kumar, M 2005, 'Conception technologies, local healers and negotiations around childbearing in Rajasthan', in M Unnithan-Kumar (ed), *Reproductive Agency, Medicine and the State*, Berghahn Books, New York, Oxford, pp. 59-82.

Unnithan-Kumar, M 2010, 'Female selective abortion-beyond 'culture': Family making and gender inequality in a globalising India', *Culture Health & Sexuality*, 12 (2), pp. 153-166.

Ambika has a great passion for women's rights and has been working in this field for almost ten years in both academic and community settings. Her research interests include violence in society, reproductive agency, gender and class, modernity, and women's empowerment. She can be contacted at ambikakohli@hotmail.com



Ambika Kohli, 2021

2021, by Suparna Roy. This work is licensed under the Creative Commons Attribution 4.0 International License. To view a copy of this license, visit <http://creativecommons.org/licenses/by/4.0/>.