
A Construction of the Meaning of Pregnancy: A Community Perspective

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Background: The Bodos are the largest tribal community in Assam. They have their own understanding of social phenomena. This article constructs of the meaning of pregnancy from perspective of the Bodo community. According, to the study the construct and meaning of pregnancy by the Bodo community go beyond the understanding of procreation and encompasses social, cultural, biological and health dimensions embedded in daily life as articulated and practiced.

Objective: To articulate, describe and document the meaning of pregnancy from the perspective of the Bodo tribe of Assam.

Methodology: A qualitative study was carried out among the Bodo community members including pregnant women and traditional care providers. The study used in-depth interviews and FGD as methods to collect data and covered ten (10) in-depth interviews with community members, fifteen (15) with pregnant women (mixed stage of pregnancy), four (4) with traditional care providers and three (3) FGDs with community members between the months of January and March 2020. The study used thematic analysis to draw out the themes of the interviews. The study was based in the Chirang district of Bodoland, Assam.

Findings: Pregnancy in Bodo society besides being understood as natural part of healthy life is also understood as a phenomenon having social, cultural and biological significance and is considered as a phase where the level of vulnerability of a woman increases, thus needing care. A pregnant Bodo woman is advised and prescribed health behaviour and also proscribed taboos.

**JTICI Vol.6. Issue 1. No.6,
TN, Part 1, pp.90 to 97,
2022**

Key Words: *Pregnancy, Community Practice, Social Phenomenon, Health, Taboos*

Introduction

Pregnancy is a period where a fetus (in some cases, more than one fetus) develops inside the womb or the uterus of a woman. It is generally an outcome of sexual

intercourse; and in some cases, through assisted reproductive technological interventions. A pregnancy period generally lasts for 40 weeks (9 months), estimated from the last menstrual period (LMP). Clinically, it is divided into three trimesters – the first trimester (1-12 weeks), the second trimester (13 to 28 weeks), and the third trimester (20 to 40 weeks) (NIH, nd.). WHO (2018) divides the pregnancy period into four phases in terms of antenatal care visits – first visit (within 12 weeks of pregnancy), second visit (around 26 weeks of pregnancy), third visit (around 32 weeks of pregnancy), and fourth visit (around 36 – 38 weeks to delivery). Pregnancy from a medical perspective is seen as a biological phenomenon where a fetus or fetus develops in the woman's womb or uterus due to the union of the ovum and spermatozoon. However, in a cultural context, pregnancy carry various interpretations and meanings and is often found to be rooted in values and practices that are based on a deep understanding of heritage.

The Bodos

The Bodos are an ethnic group called the [Bodo-Kachari](#) and are recognized as a plains tribe and come under the Sixth Schedule of the [Indian Constitution](#). Their total population number about 19,95,400 (Bodo in India 2016) of which about 13,61,735 (GOI 2013) are to be found in the state of Assam and constitute about 41 percent of the total tribal population of the state (Data Highlights, 2001). They constitute the single largest tribal community of Assam.

They belong to a Sino-Tibetan origin of the Mongoloid race and speak Tibeto-Burman language. They are also said to be 'the original autochthones of Assam' (Endle, 1911: 7) and are believed to be the earliest community that inhabited the plains of the Assam valley and belong to Indo-Mongoloid origin according to Choudhury (2007: 1). They are spread across Assam valley, some parts of West Bengal, Meghalaya, Arunachal Pradesh, and Tripura. They are also found in the neighboring countries of Nepal and Bangladesh.

The largest concentration of the Bodos is found in the Bodoland Territorial Region (BTR), earlier called as Bodoland Territorial Area District (BTAD) which comprises of four districts (Kokrajhar, Chirang, Baksa, and Udalguri) that came into existence out of the tripartite signing of the Memorandum of Settlement also called Bodoland Territorial Council (BTC) Accord on 10 February 2003 between the Central Government of India, the State Government of Assam and a 'section' of Bodos. A peace agreement was signed between the Government of India and the Government of Assam with the National Democratic Front of Bodoland

(NDFB), the All Bodo Students Union (ABSU) and United Bodo People's Organisation on 27 January 2020, thus rechristening Bodoland Territorial Area District (BTAD) into Bodoland Territorial Region (BTR) (India Today, 2020).

The Bodo society is transitioning, including socio-cultural, behavioral beliefs, practices, and family type and structure. It is, therefore, essential to document and record socio-cultural and traditional practices and concepts, including the pregnancy of the Bodos.

Method

A qualitative study was carried out among the Bodo community members, including pregnant women and traditional care providers. The study used in-depth interviews and FGDs as methods to collect data and covered ten (10) in-depth interviews with community members, fifteen (15) with pregnant women (mixed stage of pregnancy), four (4) with traditional care providers and three (3) FGDs with community members between the months of January and March 2020. The study used thematic analysis to draw out the themes of the interviews. The study is based in the Chirang district of Bodoland, Assam. The samples were taken purposively to meet the objective of the study – to capture and construct the meaning of pregnancy from the perspective of the Bodos.

The construction and meaning of pregnancy among Bodos

Pregnancy in Bodo society is understood as a process of creation and development of a new life in the 'fertile body' of a woman. It is a state of health and a sign of healthy life; but needing special care as it is also a state of vulnerability both physically and psychologically. Thus the need for rest, visiting a health service provider (traditional or modern), and psycho-social care are emphasized. While she is expected to take part in daily activities of family and community but is also expected not to stress herself out. She gains a social status of being '*bima*' (motherhood) who carries life within her and is 'appreciated,' 'complimented' and 'supported' – physically, mentally and emotionally. The community members may visit her to check on her well-being and to make 'suggestions' on how to take care of herself and the fetus in the womb. Pregnancy in Bodo society is an exclusive right of only married couples and pregnancy outside marriage is a taboo. The themes that emerged out of the discussions in the study on the meaning of pregnancy are outlined below.

A state of health and natural life. Pregnancy is perceived as a ‘state of health’ and ‘the reproductive capability of a woman.’ All respondents and FGDs spoke of ‘*gushu and gudung gwrbw*’ (cool/healthy and hot/unhealthy womb) as an essential part for a woman to be able to either bear or not bear a child. For example, all FGDs agreed that ‘for a woman to be able to bear children, her womb needs to be ‘*gushu*’ (cool/healthy).’ The traditional practitioners in their interviews spoke of ‘*gushu gwrbw*’ as an essential part of women. They also claimed that ‘*gudung gwrbw*’ can be treated so that they can have ‘*gushu gwrbw*’ and have children. Also the FGDs and the interviews revealed that though women who were able to bear children are considered specially graced or blessed (*bwr*) but none mentioned or considered the inability of a woman to bear a child as being cursed (*shaou*) from any gods, goddesses or deities. According to Gaidang (80 year old traditional practitioner), ‘*gudung gwrbw-a mwense debani batra arw jebw mw dai eba ishwrni shaou nonga arw okonbla muli jwng phahammw hayw*’ (hot womb is a concern of ill/health and not of curse of deity or gods, and sometimes it can be treated). Further, the married Bodo women who cannot have children faced ‘no restrictions’ from participation in community – religious and social events, including weddings. According to Gaide (a childless 42-year-old married woman of 20 years) ‘I am allowed and do take part in all social and religious events of the community. But sometimes I don’t feel comfortable as I am not able to fully engage myself and feel out of place especially when people discuss matters related to children and parenthood.’ The Bodos also used the notion of ‘*daan*’ (*lunar month* rather than weeks or months) to understand the pregnancy’s gestation period. ‘In Bodo tradition, we count pregnancy in terms of *daan* (lunar month)’ (Tiern, 88-year-old traditional practitioner). The gestation period, according to Tiren is ‘*dosh daan jayw*’ (around ten lunar months).

Preconception preparation/treatment. The community members spoke of possibility of ‘*gudung gwrbw kou gusu kalainai*’ (cooling of the hot womb). Thus the concept of preconception preparations and the possibility of interventions to induce pregnancy or ‘pregnancy by intervention’ exist in Bodo community. According to Bultu (35 years) whose wife was not able to conceive even after fifteen years of marriage was able to bear a child after visiting a traditional practitioner in the village. Bultu and wife were advised to be at peace with themselves – mentally (not to take stress and negative thoughts), physically (not overwork and tire out every day by hard farm work), and socially (maintain good relationships with family

members and neighbors) by the traditional practitioner who also gave them some ‘*daarua mul?*’ (traditional medicine) made of herbs.

Diet and Nutrition. There was a general agreement that pregnant women should eat ‘*mwjang arw somao janagou*’ (healthy/balanced diet and on time) that consists of rice, vegetables (including leaves, tubes, and fruits), meat and eggs. They are also recommended to ‘*phungni arw belasini janai kou mwjang jaanw, arw uphubas eba uungkhwi naiao thanw nanga*’ (eat properly in the morning and evening and avoid staying hungry or fasting). ‘*Nokorni mansipwr arw pishai?*’ (family members, especially the husband) should take care of the pregnant woman’s food and diet. Generally, a pregnant woman develops ‘*ukhwi khangnai soro*’ (tendency to be hungry out of time), which should be satisfied by provision of food and fruits. According to Anima (38 years, pregnant woman), if a ‘*gwrhwao banai aijwa makou ba jaanw lubwiyw ba, be kowesebabw jaahw tharnangou*’ (if a pregnant woman desires to eat something, she should be given at least to taste it even if not fully to eat). It has also been observed that when friends, neighbors and extended family members visit the family of a pregnant woman or an expecting mother, they generally bring along with them some vegetables, fruits, or meat that are available in their home yard or farms; in most cases if it is meat it will invariably be a ‘*localdaosa*’ (local tender chick) grown at home which is believed to be nutritious.

Vulnerability and Risk. Pregnancy period is perceived as a period of high vulnerability and stage of high risk among the Bodos. There was a general perception among the participants that during pregnancy a woman is highly vulnerable to ‘*bhairani bwtwr arw bar*’ (external winds and forces). The perception of vulnerability of the pregnant woman in Bodo society can also be seen from the terms that the community members use to refer to them ‘*deba haya*’ (health/physical limitation) or ‘*deba gwlvwi*’ (tender health/physique). According to the study the vulnerability level of a woman is highest when she is pregnant and so should be taken good care of by the family members and society. To ensure the reduction of the vulnerability level of the pregnant woman, she is recommended to only ‘light work’, take rest, eat regularly, visit a health care service provider (either traditional or modern) and avoid fasting, consuming alcohol or other intoxicating substances. Generally, she is accompanied by someone from the family or close relative when she is on errand or away from home. Her delivery was generally accompanied by a traditional birth attendant (in some cases more than one) on the past, these days, it is generally being carried out in health centers.

Psycho-Social Care. The importance of psycho-social care for the pregnant woman was clearly spelled out in the interviews and FGDs. The participants felt '*bimani saan nai, duku daba arw rongjanaia gwrbaoni gothonao nangw*' (mother's thoughts, sadness and happiness affect/touches the child in the womb). They all agreed that an effort should be made to keep the mother '*rongja baja*' (happy and cheerful). In summary, the study found that the Bodos as a community felt that pregnant women should not be made to experience undue sadness and stress as it is understood as 'not good' for the mother and the well-being of the fetus in the womb. To ensure that the pregnant woman stays happy the family (especially the husband) is expected to be sensitive to her expressed and unexpressed feelings, desires and needs (including foods, visit to her home/family or to/by friends). The family members should engage in conversations that are positive, appreciate and recognise her in family and society and avoid stressful or conflicting situations. Some practices among the Bodos to make the pregnant woman happy are – to take the pregnant woman to her parental home for a visit to meet and sometimes stay for a few days with her parents and siblings where she can again experience childhood care, attention and concern (this time as '*gotbobaanai aijw*' [a pregnant woman]) that she once received there. She is also sometimes (if she desires) taken to visit the families of her close childhood friends to spend some happy moments there.

Relation between environment and health of pregnancy woman. The idea of the existence of a relationship of pregnant women and environmental health came strongly in the study. The participants spoke of '*gajri bwtwr arw baar*' (external evil forces and winds) that could negatively affect the pregnant women. She also is recommended to avoid '*jborna-jborni*' (dirty, slippery, damp and polluted, and '*kebumsi-kebumblao*' (dark, scary and dingy places). The understanding of this aspect could be seen from the advice and practice among the Bodos of pregnant women not going alone to streams and canals especially that have banks that are slippery, muddy, bushy with shrubs and thickets; avoidance of going for a solitary walk on roads or paths especially that are dark, shady and isolated and those that pass by cemeteries or graveyards. At home, pregnant women are to be provided with space that is dry, clean, and comfortable to experience healthy pregnancy. A common practice in the past (before the availability of modern mattresses) to keep the pregnant woman warm and comfortable, according to Mongolshing (78 years old, traditional practitioner), was to use '*maaijgab*' dry hay or straw (of paddy) stuffed in

'*fatwbosta*' (jute sacks) or '*sumbli thula*' (a kind of wild natural cotton) in a cloth sack as '*thorshob*' (mattress).

Importance of ANC. All except three individual participants agreed on the importance of institutional antenatal care service utilization. While one participant (husband of a married pregnant woman) was doubtful and said that he was 'not really sure of ANC and its importance' and expressed his desire 'to know more of it in future', the other two participants (women) said that they did not 'like' it 'due to the rude behavior of the health workers in the Primary Health Centers. Rantep (76 year old, traditional practitioner) said that she often suggests visiting and referring pregnant women to health centers for ANC and also for the delivery as she believed that '*beswrniao mwjang dactar arw nainw bagra machinefwr dongo bimani gwrhwao thanai gothokou nainw arw dabainw*' (those centers have good doctors and equipment that can see through, diagnose and know the development of the child in the mother's womb and recommend treatment). In summary, ANC – traditional or modern, provided by health institutions was considered important for healthy pregnancy and safe delivery among the participants and the community. It has also been observed that there is an increase in ANC service utilization among the Bodo pregnant women.

Twins are normal. Multiple (twins or more) fetuses during pregnancies are considered normal, and accepted in Bodo society, however, there is a tendency among the Bodos to prefer to have non-twin pregnancies. The attempts to ensure avoidance of twins can be seen in the practice of – avoidance of eating all joint fruits (especially banana) and not resting or sitting on '*jabnai kamplai eba tool*' (small stool/seat stacked over or on top of each other) by the woman once pregnancy is confirmed. In some cases even the husband avoids eating joint fruits to avoid twins. But in spite of all these efforts, if twins are born they are accepted. According to Rantep (76-year-old, traditional practitioner), while there is nothing wrong with twin pregnancies and births, the births are safer for the babies if they are born with different '*jwr*' (placentas) as twins born with same placenta are likely to be unhealthy or have less survival chance than those born with separate placentas. So single-child pregnancies are preferred to twins.

Taboos. The taboos that came up during the study and discussion were all related to food and behavior. While most were common, a few differences in opinion on taboos could be seen based between individuals who followed different religions (Bathou [traditional religion of the Bodos], Brahma, and Christianity [introduced in

the 20th Century]). For example, those who followed Bathou or Brahma religions ‘a pregnant woman should not visit graveyard or cremation grounds as the spirits of the dead could enter them and affect the fetus – and if they visited such places, they need to be purified by religious rituals’ while for those from Christian religion there was no such restriction and ‘visiting graveyard or taking part in the ceremonies related to the dead was left up to the personal courage of the pregnant woman.’ However, both groups felt that women and others ‘should wash or bathe themselves after attending a funeral or visiting the graveyard before entering their home, eating or interacting with other people, especially children.’ Other common beliefs and practices (across all participants) were that pregnant women should avoid slaughtering animals, fowl or birds; avoid hunting or running after fowls, birds, or animals; avoid staring at repulsive images (*gajri mohor*) and eclipses (lunar or solar); avoid participating in evil talks, fights or getting foul-mouthed; avoid consuming alcohol and intoxicating substances; and avoid eating joint/twin fruits. According to Ms. Ranji (48 years), pregnant women should avoid ‘evil talk, staring at evil or repulsive images, looking at a solar eclipse and drinking alcohol’ as it can affect the fetus in the womb to be born with birth defects, including blindness, physical and mental disabilities.

There were no agreements among the participants on some of the taboos, like ‘making a round of the house’ caused entanglement of the umbilical cord to the child’s neck during delivery or ‘jumping over a goat’s rope’ causing complications during delivery. While according to Mandeb (46-year female) it is not recommended to make rounds of the house or jump across a goat’s rope during pregnancy as it can cause entanglement of the umbilical cord on the fetus’s neck, for Dunuja (26-year female), beliefs in making rounds of house and jumping over a goat’s rope causing complication at birth are ‘*nongkhai bhatra*’ (myths and false belief).

Discussion

Pregnancy among the Bodos of Assam is perceived as biological, health and social phenomenon. Pregnancies and births are celebrated in Bodo society. A pregnant woman or a woman with a child gains a respectable social status of ‘*bima*’ (motherhood) but within the institution of marriage only and pregnancy and birth out of wedlock is a taboo. There is care and attention given to the pregnant women in Bodo society and efforts are made to ensure that they experience comfort and peace of mind and body. Further, there is an understanding that the

fetus and the mother are intimately related to each other, and for this reason the family members are encouraged to keep the pregnant woman happy and cheerful such that the child in the womb experience happiness.

Pregnancy, according to the Bodos is associated with good health – especially women’s health. It is interesting to note that a woman who is not able to bear children has same acceptance and status in the society and does not face discrimination or is ‘not considered as not in favor of the God/gods.’ They are also allowed to take part in every social, religious and cultural event with full rights and privileges without discrimination. This narrative was across Bathou, Brahma and Christian religions, age, and location by area of the participants.

There is significant importance given to the diet of pregnant women among the Bodos. According to the study, the pregnant woman should be never made to stay hungry or fast but should be given to eat regularly and to her ‘content.’ The desires and cravings of the pregnant woman in terms of food should be fulfilled by the family to the best of their ability. Healthy food is believed to be responsible for a healthy fetus, thus leading to a healthy child.

A pregnancy in Bodo society is considered a *stage of vulnerability that needs* special care. There is a need to take care of not only the physical needs – food and comfort; but also social – maintaining a good relationship with family and neighbors; psychological – experiencing a sense of safety, security, and well-being; and spiritual – rituals, including cultural and religious needs of the woman during pregnancy. It is a widespread belief among the Bodos that a pregnant woman should maintain good relations with family members and neighbors, be happy and cheerful, and fulfil her desires for spiritual needs in terms of prayers, rituals, and devotions. The study also found that the communities believed in a pregnant woman as being provided a clean, dry, and comfortable space to stay and made to avoid risky – dark, dirty, polluted places that might put her at risk.

Antenatal Care Services (ANC) provided by the formal providers (WHO model of four ANC visits) and institutional delivery was largely accepted and encouraged by the community members. Twin (or multiple pregnancies) is considered normal among the Bodos, but single multiple births are preferred to twin births.

The taboos associated with pregnancies among the Bodos mostly relate to food and behavior. Consumption of papaya, joint fruits, and intoxicating substances like alcohol, the killing of animals, fowls, and birds, engaging in gossip (evil talks), and

looking at evil or repulsive images by a pregnant woman are considered taboos in Bodo Society. However, there are behaviors like engaging in fun activities with friends and neighbors; eating meat, fish, cereals, rice, and vegetables are encouraged and promoted among pregnant women.

Conclusion

Pregnancy in Bodo society is considered as a part of the natural life of a woman and covers the aspects of biology, social, cultural, and health dimensions expressed in terms of facilitated by a healthy womb and gaining the social status of motherhood in the community. It is celebrated and is a privilege of married couples but is a taboo out of wedlock. While a pregnant woman is considered specially blessed by gods and nature, a woman who cannot bear children is not considered cursed and not discriminated against socially, religiously, and culturally in Bodo society. Pregnancy is considered a period of increased vulnerability that needs special care – physical and psychosocial. In summary, while pregnancy is a process of procreation, it is also a social phenomenon related to the continuity of community culture, life, tradition, and heritage among the Bodos.

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