

THE POSTPARTUM TRADITION OF *SAWA MAHINA* IN RURAL PUNJAB, PAKISTAN

AZHER HAMEED QAMAR

PhD Candidate

Norwegian Centre for Child Research (NOSEB)

Pavilion A, Dragvoll, Loholt allé 85

NTNU Trondheim, Norway

e-mail: azher.hameed@live.com

ABSTRACT

The Punjabi postpartum tradition is called *sawa mahina* ('five weeks'). This study* investigates infant health care belief practices in rural Punjab and looks at the social significance of infant care beliefs practiced during *sawa mahina*. During six months of fieldwork, using participant observation and unstructured interviews as primary research methods, the study explored the prevalent postpartum tradition from a childcare perspective. A Punjabi child holds a social value regarding familial, religious, and emotional values. The five-week traditional postpartum period provides an insight into mother–child attachment, related child care belief practices, and the social construction of infancy. A child's agency is recognised in the embodied mother–child relationship, and a child is seen in a sympathetic connection with the mother. Establishing an early foundation of ascribed identities is another important part of postpartum belief practices.

KEYWORDS: postpartum tradition • social construction of infancy • *sawa mahina* • infant care belief practices • mother–child sympathetic connection

INTRODUCTION

In spite of the universality of the birthing physiology and related psychological issues faced by the birthing woman (Soet et al. 2003), the process itself is culture specific, and diverse belief practices influence birthing across cultures (Liamputtong 2007). The postpartum period also contributes to several other social processes. One of these is the transition of a couple to becoming parents and forming a parent–child relationship. The social value of the child describes what it means to be a child and to be parents in a social context (see Hoffman and Hoffman 1973; Arnold et al. 1975; Nag et al. 1978; Vlassoff and Vlassoff 1980; Mathews 1986; Bühler 2008; Nauck 2014). In this sense, postpartum is an important period that ritualises early childhood.

* I thank professor Anne Trine Kjørholt (Norwegian Centre for Child Research, Norwegian University of Science and Technology, Trondheim, Norway) for comments that greatly improved the manuscript.

The World Health Organization (2014) describes the postnatal period as a critical phase in the life of a mother and child. Among other studies on postpartum depression (Lee 2000; Miller 2002; Heh et al. 2004; also see Bina 2008 for a literature review on postpartum depression), few ethnographic studies find the cultural tradition of postpartum as a socially supportive phenomenon for the health of a mother and child (Harkness 1987; Stewart and Jambunathan 1996). The tradition of postpartum is a time of rest for the mother, who is relieved of several domestic tasks. Extended social and emotional support from the family helps the mother to recover and come out of this state of vulnerability (Stewart and Jambunathan 1996; Lee 2000; Heh et al. 2004). An ethnographic study conducted on Hmong women from South East Asia living in Australia reported that the 30-day postpartum tradition is highly supportive of mothers (Rice 2000). Another qualitative study found great support from mothers and mothers-in-law during the one-month postpartum period of Kipsigis women in Kenya (Harkness 1987), and an ethno-nursing study conducted on Jordanian Muslim immigrant mothers in Australia found that mothers often missed their traditional support and experienced postpartum depression as a result. In this case, missing support includes childcare and domestic responsibilities shared by the family women present during the 40-day postpartum tradition in this Jordanian Muslim community (Nahas and Amasheh 1999). There are several other studies that consider the postpartum tradition as an important contribution and a necessary cultural factor that ensures the physical and psychological wellbeing of mothers (see Bina 2008). Ultimately, this period is seen to prepare a mother for motherhood and constitutes an infant health care strategy during early infancy. In this connection, other women in the family offer their practical support (Jamaludin 2014).

These studies position women in a vulnerable and dependent state after birth, thus exposing them to harm. The mother is being prepared for a 'good' motherhood, which includes rich breastfeeding for the child and a period of recovery in order to return to a non-pregnant state that allows the mother to take care of the child and return to the other household activities that are suspended during the traditional postpartum period (see Holroyd et al. 1997; Whittaker 1999; Upton and Han 2003; Griffith 2009; Hussain et al. 2014; Jamaludin 2014; Yeh et al. 2014). Two studies on Bengali immigrant mothers living in London and Hunzai mothers in Hunza, Pakistan, also report the risks of evil effects that multiply during postpartum and early infancy regarding the vulnerability of a mother and child to external natural and supernatural dangers (Griffith 2009; Hussain et al. 2014).

Most of the studies reporting a mother-child dyad during postpartum care have mainly focused on belief practices regarding confinement rituals and nutrition beliefs. The common tradition, as described in several studies, is postpartum rest for the new mother. This tradition falls under different names in different cultures, for example *zuò yuèzi* ('doing the month') in Chinese culture (Liu et al. 2015); *purudu*¹ in South India (Saavala 2013 [2001]); *dalam pantang* ('in confinement') in Malay (Laderman 1984); *Nyo dua hli* ('thirty days') among Hmong in Australia (Rice 2000); and *chollish din* ('forty days') in Bangladesh (Winch et al. 2005). Other important beliefs practiced during the postpartum period (such as breastfeeding beliefs, placenta ritual, and naming rituals) are rarely addressed in postpartum studies conducted in traditional societies. The exception is a qualitative study conducted in Nepal that explores infant-related post-

natal cultural practices, such as placenta rituals, naming, and weaning ceremonies (Sharma et al. 2016).

In Punjabi culture, the traditional postpartum period is named *sawa mahina*, meaning five weeks. A Punjabi child, with a social value, is a major participant in family formation and raising the status of the couple as 'exalted' parents. A couple (particularly the woman) are often positioned as incomplete or without a family if there is no child.

This article is a part of my PhD research on infant care belief practices in rural Punjab, Pakistan.² In this research, I investigated several aspects regarding the postpartum period, comprising the following: the evil eye belief and its significance in infant care belief practices before and after birth, the social value of the child in connection with the higher status of the mother and the marginalised position of a childless woman, the fears attached to childlessness or infertility, the sympathetic connection between mother and child, and postpartum belief practices. This article pursues the two research questions: what are the infant care beliefs practiced during *sawa mahina*? What is the social significance of these belief practices in a Punjabi cultural context?

RESEARCH CONTEXT AND METHODOLOGY

Punjab is a populous, developed, and fertile province of Pakistan. The population is dominantly Muslim. This study was conducted in a village in south Punjab consisting of approximately 200 households with a population of approximately 1,800. The dominant majority of the villagers belong to the Arain community, which is the biggest agricultural community in Pakistan (Jaffrelot and Beaumont 2004). The Arain are traditionalists and do not marry their children in other communities. Farming and manual labour are primary professions, and although the economic conditions are not good, the Arain cannot be labelled poor as the community have enough food and clothes to fulfil their needs. However, with one basic health unit (a dispensary), one primary school for girls and one primary school for boys, this village provides unsatisfactory health and education opportunities. Following a patrilineal extended family system, people prefer to marry their children within close family relations (cousin marriages).

Doing Research in Rural Punjab

This study is based on fieldwork conducted between 2010 and 2013, including two months of preliminary fieldwork (2010–2011), three months of fieldwork (2011) and one month of follow-up fieldwork (2013).

Native understanding of the context produces challenging cultural explanations in a new way (Gullestad 1992). As a Punjabi Muslim brought up in a big city with a rural, parental background, I was able to overcome significant language and cultural barriers. In addition, my 'non-native' familiarity with rural life, as well as my practical knowledge as an ethnographer helped me to bracket presumptions.

Investigating traditional postpartum practices means studying the personal lives of Punjabi families. Hence, a native understanding of the contextual complexity and sensitivity is required. I conducted the fieldwork together with my wife Saima Azher,

who was my research assistant (RA). She is an educator and has previously conducted research with me in my earlier research in rural Punjab. She was trained to conduct interviews, which helped me to mix with the rural families in a more reliable way and strengthened the trust relationship between researcher and informants. The role of the RA was significant in this study as all the participants were women and the topic of the study restricted male access to the participants. My wife's reflections and experience as a married Punjabi woman, and discussing findings with my parents, who are Arain and belong to different rural areas in Punjab, helped me to understand and follow-up the data in its contextual meanings.

Research Methods and Data

Most people live within their cultural contexts and construct their stories by constituting the material facts and culturally normal aspects of their social reality (Gullestad 1992). A researcher, while conducting qualitative research, should focus on contextually sensitive and flexible research methods that can deal with the complexity of the contextual findings (Mason 2002). For example, ethnography comprising different fieldwork methods (such as participant observation and in-depth interviews) can help in observing, describing, and documenting the ethnographic evidence found in its natural setting through the first-hand involvement of a researcher and informants (Agar 1981; Hammersley and Atkinson 1995; Murchison 2010). In this study, I used qualitative research design as a descriptive and interpretive methodology (Denzin and Lincoln 2011 [1994]) with an ethnographic approach investigating the social construction of infancy and the mother–infant dyad in the postpartum period. Apart from participant observation, which produced rich ethnographic field notes, I used the unstructured interview as a primary research tool. To respect gender boundaries, my RA conducted all the interviews in this study. The interview outline was prepared during preliminary fieldwork. Every interview was transcribed, including observation details on the same day when it was conducted. In addition, all field notes and interview transcripts were read thoroughly and repeatedly to get an analytical insight, with the responses discussed between the researcher and RA. Ambiguity was traced, and the RA conducted follow-up interviews where required. An inductive content analysis was conducted to induce manifested and latent meanings from the data (Graneheim and Lundman 2004; Elo and Kyngas 2008; Schreier 2012). Following this, the data was coded. Themes and sub-themes emerged, and significant evidence was sorted into respective thematic categories. The interpretation of the findings was based on the manifested and latent meaning of the data, as perceived by the participants and as induced by the researcher.

Participants in the Research

During two months of preliminary fieldwork, my primary focus was to gain a contextual insight into infants, infancy, and relevant belief practices. In the second month of fieldwork, the RA met a woman who had returned to her in-laws (in this village) after completing her postpartum period at her parents' home (in another village). She had

agreed to participate in the study. Considering her recent experience, I decided to take her as the first participant for the study. Her interview was conducted in this fieldwork.

During three months of fieldwork, together with my RA, I visited a family where a postpartum tradition was in practice. The RA, being female, had easy access to the mother Zahida and the other family women. Zahida and her mother-in-law Razia were also participants in the interview. However, an in-depth interview with them could only be possible when Zahida had ended her postpartum ritual. Using purposive and snowball sampling (Creswell 2003 [1994]; Bernard 2006; Babbie 2008), I approached the other participants. Zahida and her mother-in-law helped to locate these participants. A total of five participants included four mothers (key informants) who had experienced childbirth in last two years and one mother-in-law. It is customary that the woman stays at her parents' home at the birth of the first child and spends the traditional postpartum period there. However, this depends on the availability of the women in the family and the required resources to provide support. In this sample, Zahida and Samina did not go to their parents' home. They stated that their parents were not able to support them due to a lack of resources. All the key informants experienced home birth carried out by a traditional midwife.

Table 1. Participant information

Participant	Age	Participant status
Zahida	28	She had a three-year-old daughter. When I visited the family, she had just given birth to her second child (a baby son) who was ten days old.
Nazia	26	She had a two-year-old son. Her parents took her home in the seventh month of pregnancy, and she remained there until the end of the postpartum period.
Samina	34	She had three daughters. Her youngest daughter was six months old.
Fozia	24	She had one baby son. Her interview was conducted during preliminary fieldwork. She had spent the last couple of months of pregnancy, the birth, and the postpartum period at her parents' home.
Razia	52	She was Zahida's mother-in-law and took care of the mother and the child during the postpartum period.

Pre-interview meetings were conducted to get informed consent. All the names used for the participants are fictitious. All the interviews were conducted at the participants' home to make them comfortable and open.

FINDINGS AND DISCUSSION

In this section I discuss the findings of the study, beginning with a detailed field note that was documented during participant observation. The following observation provides an umbrella contextualisation of the *sawa mahina* tradition in a Punjabi village, followed by an analytical discussion supported by the primary data.

During the fieldwork, I along with my RA visited a family who were rejoicing at the arrival of a baby boy born about two weeks previously. I made only a few visits to the family during my stay in the village as frequent visits would make the family uncomfortable.

Abdul-Razak (60 years old) was celebrating his second grandchild's birth. His happiness had no limits because the new-born was a boy (the first grandchild was a girl). I had already conducted a few meetings with Abdul-Razak during the preliminary fieldwork. I along with my RA took Munir (a young boy who used to be with me visiting different places) with me and reached Abdul-Razak's house. Before entering the house, Munir said, "The house is in *sudak*. Women usually do not like to visit the *sudak* house during *sawa mahina*." I understood what he meant and told him that we did not have any problem. In Indian cultures, *sutak* (also *sudak* or *chilla* in Punjabi culture) is a term commonly used for the birth pollution of the mother (Jeffery and Jeffery 1993; Bayly 2001 [1999]; Bhattacharya et al. 2008). It makes the mother vulnerable and exposed to evil effects such as witchcraft. Childless, pregnant, or woman suffering from *Athra* (a disease that causes infant mortality) should not visit a house in *sutak*. We, having none of these issues, entered the house. Abdul-Razak, his wife Razia, and son Abdul Ghafar (father of the child) welcomed us warmly, and we all sat in a big room. Abdul Ghafar was holding the baby, who was swaddled in cloth, and his head was shaved. I asked about the name. Abdul Ghafar said, "We had a few names to choose from. My mother liked the name Naeem Hussain for the baby. We finalised it and named the baby a couple of days after the birth."

I was curious about why the baby's head was shaved and who had done it. Abdul Razak said, "The baby was head shaved and he was circumcised on the seventh day by the village barber. Besides paying the barber, we gave *sadaqa*³ to the poor." Being native (and from my family experience) I knew that some parents bury the first hairs of the child after giving *sadaqa*; as the first hairs are seen as a potential device for practicing witchcraft. I asked about the hair, and he said: "After giving *sadaqa*, the hairs are buried in the courtyard." About the amount of *sadaqa*, he replied, "It depends on what one can give away. Some people give away the price of the silver that is equivalent in weight to the weight of hair. *Sadaqa* brings health for the child and removes evil effects, if any."

During the conversation, he mentioned *sudak* as a polluted and vulnerable state of the mother in which she is exposed to evil effects:

During *sawa mahina*, mother and baby do not go out. Women (other than close family members) avoid frequent visits. The mother becomes purified of the birth pollution in these days. Once she recovers her health and purity, she is out of *sudak*.

Meanwhile, tea, with a highly nutritious food made from *ghee* (processed butter, locally called as *panjiri*) was served. This food is especially prepared for women in postpartum to regain their strength and to increase milk for breastfeeding. *Panjiri* is popular among new mothers for the same purpose in urban areas. Abdul-Razak insisted that I eat more, while he proceeded to tell me the ingredients of the *panjiri* and the energy they contained. He told me that his daughter-in-law's parents also brought *panjiri* with them when they visited the mother and the baby.

Grandmother (Razia) took the baby, and my RA visited the mother (Zahida) with her. My RA reported the following observation:

The baby was handed over to the mother, who was standing in the courtyard and talking to a couple of women. Kalsoom [the wife of the old man who rented us a place to live in this village] introduced them to me. One of them was the wife of Abdul Razak's younger brother, who lived in the neighbourhood, while the other

was her daughter. Kalsoom said that her daughter often stayed with them to help in the household. We entered a room, and Zahida started feeding her baby while covering her breast and baby with a shawl. I could see a plate with *panjiri* beside her bed on a table. I asked her about the food. She said, "I eat everything, whatever I like. This *panjiri* is an energetic and special food for me in this condition." Kalsoom mentioned *panjiri* as a food that is good for healthy breastfeeding. After breastfeeding, Zahida placed the baby, who was now asleep, beside her.

In Punjabi culture, the child is perceived as an inseparable part of the woman during pregnancy. Pregnancy care practices inform about the beginning of infancy in the womb, as well as the mother–child dyad that extends in the postpartum period. Three major thematic categories emerged from this close observation, which I will discuss in the following section.

REST AND PURIFICATION

The literature review suggests rest and nutrition beliefs during postpartum as the dominant mother-care practice that prepares the mother for good motherhood (taking care of the child successfully) in a socially supportive environment.

Heidi Keller's (2013) ethnographic study investigated independent middle class German and interdependent agrarian Gujarati Rajput and Cameroonian Nso communities, subsequently finding the mother to be the significant caregiver and closely attached to the infant in early childhood receiving practical support from the family women. Punjabi culture is consistent with this study, and many family women support the mother in several ways during postpartum. *Sawa mahina* is a period requiring complete rest for forty days – nevertheless, by their choice, mothers can take part in some domestic chores after a couple of weeks. One important purpose of this support is to help the mother in exclusive breastfeeding and building up an emotional attachment to the child. This attachment helps the mother to gain control and power in the patriarchal family set up, as supported by one mother who stated that, "these are children who make the life of a woman worth living". This perception highlights the social value of the child in a woman's life – it represents 'motherhood' for a woman as the identity of power and exalted social status (see also Qamar forthcoming). Development in feminist discourses on motherhood offers a shift from anti-motherhood (motherhood as a type of women's oppression) to a motherhood that signifies power and control (Ribbens 1994). A Punjabi mother experiences social control and gains her desired status, which she most likely cannot acquire if she is childless. *Sawa mahina*, in this connection, is an important phase as it constructs a valuable mother–child relationship that serves the purpose of bringing status and power, especially for first-time mothers, who also achieve their fertile and reproductive woman-being status. The 'social value' attached to the mother and child in this phase constitutes mother–child vulnerability against the fears of loss or damage. The cultural notion of birth pollution (*sutak*) exposes the mother to the risks of evil such as the evil eye or witchcraft. Hence, birth pollution is culturally significant as it makes the confinement ritual more meaningful than merely a health recovery rest.

The concept of birth pollution is taken into serious consideration during the traditional postpartum period, although the perception of its intensity and contagious prop-

erties varies across cultures. *Chilla nahana* is a term used for the last ritual bath (*nahana* means 'to take a bath'), which conveys the message about the woman regaining her purity and completing the *sawa mahina*. Impurity is a religious construct that means she cannot offer prayer (i.e. offering *namaz* or *salat*, the obligatory prayer ritual in Islam that is offered five times a day) or touch (or read) the Quran in this condition. Nazia said, "A woman is *napak*⁴ while she is not free from the bleeding and fluid discharge completely. She cannot offer prayer or touch the Quran." In Punjabi Muslim culture, *napaki* is not contagious, as reported in some cultures (see Holroyd et al. 1997). The only restrictions are to not pray or read the Quran, and to avoid touching religious objects (such as prayer mats or the Quran). This pollution makes her vulnerable and exposes the mother to the risk of evil that may result in a deficiency in breastfeeding, poisonous breastfeeding, or weakness and body pains, all of which ultimately affect the child's health. Fozia discussed the sensitivity of the pollution related vulnerability:

Fozia: My baby and I were not allowed to face an infertile woman or any women suffering from *Athra*. Such women were not supposed to enter the *sutak* house. Even listening to their voices may be dangerous for the health of the mother and child. They may also caste the evil eye.

RA: Could a woman who is not childless or has not suffered from *Athra* visit you?

Fozia: Yes. But it is common that women do not visit during *sawa mahina*. Only close family women come to see or give help in different households.

Razia mentioned birth pollution as a risk for mothers and pregnant woman.

Razia: Childless, pregnant women, or women suffering from *Athra* do not visit mother and baby during *sawa mahina*. There is a risk of evil eye and other health issues caused by evil.

RA: Can a pregnant woman also cause a problem?

Razia: No, but the woman in her *sawa mahina* is polluted [*sutak*]. Pregnant women do not visit for their own safety.

The sensitivity of pollution-related vulnerability also assumes a sympathetic connection between the mother and child. For the mother, any suffering will affect the child; this is common and a perception that is often taken for granted. Hence, it is important to limit interaction with people who may harbour some evil effects or possess evil intentions. For example, a childless woman might possess the evil because of the wistfulness she has about being childless (Qamar 2016). In addition, a woman suffering from fertility issues may be under the effects of witchcraft, and can thus transmit these effects (for example, a woman suffering from *Athra*).⁵ Rest, in this case, refers not only to medical bed rest, but also to a strategy to keep the mother confined for the sake of protection against evil effects, such as evil eye, witchcraft, and *Athra*, all of which are considered contagious. Thus, rest has further implications in a wider sense.

For instance, pregnant mothers do not visit postpartum mothers to be safe from the pollution that can be a medium of evil effects; rest in *sawa mahina* allows a mother to come out of pollution and its related vulnerability; and a Punjabi Muslim woman should take a ritual bath to be *pak* (clean and pure). Participants reported ritual bathing on the 3rd, 5th, 11th, 30th, and 40th days of the postpartum period. After the last ritual bath, the mother and baby wear new clothes and visit family relatives in the village.

This is the first symbolic announcement of the mother's recovery in terms of health and purity after the birth and marks an open invitation for visitors to see the child without *sawa mahina* restrictions. The mother is now able to recite the Quran and offer prayers. People who were reluctant to visit during *sawa mahina* may now visit the family without fear of birth pollution. On this special occasion, sweet food (often sweet rice) is distributed. First-time visitors give gift money to the child. A customary completion of *sawa mahina* is significant for first-time mothers as they adjust to motherhood and experience their prominence in the family. A Punjabi mother enjoys her dignified status as a mother while her children are alive. Consequently, the health and survival of the children become a primary concern for the family, as exposed in pregnancy, birth, and postpartum care practices.

DIETARY AND BREASTFEEDING BELIEF PRACTICES

Although data did not reveal specific dietary instruction or food taboos during *sawa mahina*, Punjabi women spoke about their beliefs regarding a mother's diet and a child's health. Breastfeeding was seen as central to causing either a positive or negative effect on the child's health. Nazia discussed the perceived connection between diet and breastfeeding: "My diet can affect my baby. It is well known that if a breastfeeding mother is suffering from stomach issues (such as constipation or gastric trouble), the baby will suffer from the same." Samina also discussed her normal diet:

My diet was normal. I was careful not to drink a lot of water after eating. I understood that my baby felt stomach pain when I fed her. My mother-in-law told me that drinking water after food caused a gastric problem, which also affected the baby.

The health of the breastfeeding mother is a concern that is directly related to the infant's health. Mothers are advised not to eat foods that could disturb their stomach or affect their throat. If the baby is suffering from loose motions, the mother should avoid cold water and should not walk bare-footed. Hence mother is not supposed to wash clothes or do dish washing. Besides allowing the mother to rest completely, these beliefs reinforce the notion of a sympathetic connection between the mother and the child, and are an important part of the breastfeeding training given by the experienced women in the family. During the course of the fieldwork, I noticed that the normal and frequently-taken diet is cooked vegetables with *roti* (called *chapati* in Urdu and Hindi, made from homemade wholemeal flour). When cooking vegetables they use garlic, ginger, and green chilli, together with salt, red chilli, and turmeric powder. Participants reported this as a normal dietary pattern during *sawa mahina*. The use of milk with *desi ghee* is also common. A traditional foodstuff that all my participants mentioned is *panjiri*. *Panjiri* serves two important purposes. Firstly, it provides energy and helps in health recovery. Secondly, it produces sufficient milk for healthy breastfeeding.

The social construct of breastfeeding connects several complex concepts related to childhood studies, such as an infant's agency, motherhood culture, the emotional aspects of the mother-child relationship, as well as the embodied experience of child-rearing practices (Keenan and Stapleton 2009). In Punjabi Muslim culture, breastfeed-

ing is a primary concern. It is seen (both religiously and culturally) as the right of the child and an essential practice of good motherhood. In the past, mothers were used to breastfeeding 'full term' (two years – as stated in *The Noble Quran* 2:233); today, this period has been reduced to 12 to 18 months. Razia said, "In the past, women were healthier and more fertile. They gave birth to more children and would breastfeed for two years." Razia and other elderly women who had informal discussions with the RA mentioned the richness of the diet and the substantial availability of resources in the past, stating that people had more cattle to fulfil the need for milk and butter for all the family, which also positively affected women health. Cow's milk is seen as the best alternative to mother's milk (if a mother cannot breastfeed sufficiently) and is also good for the mother's health. Parents who can afford (and know that their daughter's in-laws cannot afford) gift a cow to their daughter who is breastfeeding. Fozia said:

It is common to have goats or cows in families with breastfeeding mothers. For example, when Mudassar [pointing to her son] was born, my father gave me a cow, which I brought with me when I came back to my in-laws.

Breastfeeding has remained a significant feature of proper and good motherhood for Punjabi Muslims. The religious interpretation of breastfeeding connects it to obligatory motherhood and describes it as the great exertion (along with pregnancy and child birth) that a woman goes through. The Quran mentions this patience as rewarding and constitutes it as mother-child attachment and the exalted status of the woman as a mother (*The Noble Quran* 2:233; 31:14). Breastfeeding in Punjabi Muslim culture could be described as 'natural' (a motherhood norm – see Smart 1996: 46) for a mother, from which she can develop a skinship (in the words of Tahhan 2008) with the child. It ultimately contributes to the internalisation of mother-child bonding and maternal obligation which, if not fulfilled, may be seen as poor motherhood (a "maternal failure" in the words of Oakley 1979: 165). Further, social support in the family encourages and prepares the mother for breastfeeding. As other childcare responsibilities, such as cleaning, bathing, and dressing the child, are shared with family women, the mother does not take it as a stressor to feed the child even several times during the night. In addition, it is customary that family women educate first-time mothers on proper breastfeeding techniques; this is usually taught by the mother, mother-in-law, or married sister-in-law. Zahida spoke about her first-time breastfeeding experience:

When my daughter was born, I was trained by my husband's cousin [a mother of four children]. She was here on the day my daughter was born. A few hours after the birth, she washed my breast with hot, slightly salty water. She pressed the nipples to remove any blackheads so that baby could feed comfortably.

The breastfeeding training also includes when and how to feed the child. Besides understanding the baby's demand to be fed, Punjabi mothers often feed the child according to a routine. Two ways in which the babies are perceived as demanding a feed are either baby cries or if the mother feels her breast dripping. In both situations, the baby is attended to immediately. It is common that the mother positively responds to her child's demand to be fed (baby-centred mothering and recognition of the baby's agency, as stated in Keenan and Stapleton 2009).

A child is always close to the mother. Whenever he/she cries, the mother attends. Co-sleeping is the practice of attending to the baby conveniently during the night. Nazia said, "He sleeps beside me. Whenever he is hungry, he cries. Then it is easy for me to attend him while lying in bed." Recognition of the infant's agency is not limited to the baby crying; it goes to a further extent in which a baby's agency is perceived through a sympathetic connection with the mother. A mother can understand the baby's demand with her body. Mothers reported milk dripping from their breasts when the child was either crying or hungry, even though the baby was neither seen nor heard. Fozia said, "Whenever my child is hungry, my milk starts dripping." I have heard mothers sharing similar experiences in the city where I live. Although this is a bodily phenomenon not limited to a specific cultural group, participants in this study perceived it as a sympathetic connection between mother and the child that is seen as a Divine attachment between a child and his/her mother. When Razia was asked about this sympathetic connection she expressed it positively. Saying, "this is from God. He created a mother with a heart that is full of love and emotions for her children." Razia emphasised the mother-child emotional bonding as 'natural' and a Divine baby-care plan.

Regarding the sympathetic connection between the breastfeeding mother and the child, a general belief among Punjabis is expressed in a common saying that highlights the importance of the mother in a child's life: *Dudh te Budh*. *Dudh* means 'to breast-feed', and *Budh* means 'intellect', which is also perceived as 'personality'. Belief in *Dudh te Budh* encourages breastfeeding in order to develop the mother-child attachment. A breastfeeding mother affects her child's habits and personality.

The baby has a special connection with the mother in the womb and while breastfeeding. A baby in the womb is nourished from the mother through the umbilical cord; after birth the embodied experience of breastfeeding develops an intimate mother-child attachment. Mothers, in western societies, often describe the sense of connectedness, oneness and 'a part of me' feelings with this embodied experience (Lupton 2013). Diana Adis Tahhan (2008) conceptualises this as skinship, and describes how Japanese parents develop family intimacy through co-sleeping and bed-sharing with the child. The infant, in several ways, is in close contact with the primary caregiver, such as in feeding, cleaning, cuddling, kissing, playing (Lupton 2013). For a mother and her child, pregnancy and birth are the leading experiences of embodiment (Longhurst 2005) that are strengthened during infancy with infant-care practices that aid the development of an inseparable mother-child bond in which both are active participants (Wynne 1997). For Punjabi mothers, pregnancy is highly valued for its social and religious significance (Qamar 2016). Moreover, a 'blessed' pregnancy, the social value of a Punjabi child, the embodied experience of the mother-child in the womb, breastfeeding during infancy, and co-sleeping contribute to the internalisation of the emotional value of the child in a Punjabi socio-cultural context. The social meaning of breastfeeding, in the Punjabi Muslim context, comprises fulfilling the infant's immediate need (satisfying hunger), accomplishing normative maternal responsibility, intensifying the mother-child attachment, and establishing motherhood as a status.

THE PLACENTA AND THE CHILD'S FIRST HAIR:
THE SYMPATHETIC CONNECTION

According to my research reflections, with the birth of the first, healthy child a Punjabi woman gains the exalted status of mother, which completes her as a woman with a well-defined family (parents and child/children). In this way the child contributes to her social and emotional wellbeing. In patriarchal settings, women gain security and control, especially with sons (Oppenheim-Mason and Taj 1987). As child is central in Punjabi patrilineal society, his/her social value is interconnected with fears of loss. These fears lead to practice cares before experiencing the loss.

The perception of the child as a social being also allows for the conception of the child as one who may be personified (through sympathetic magic) in witchcraft in order to bring harm. This phenomenon places a child in an indigenous child-care system in which caretakers are attached to the child for his/her momentous social value. The burial of the placenta and the child's first hair are examples of indigenous child-care practice in rural Punjab.

The placenta burial ritual has been reported in studies for different reasons. Bruno Saura, Maryann Capestro and Henri Bova (2002) discussed the placenta burial ritual in Polynesian culture because of its symbolic demonstration of human belongingness to the earth. After birth, losing its physical contact with the human, the placenta is returned to the earth as a symbol of eternal association. A cross-cultural study in New Zealand describes the placenta burial ritual as providing spiritual security and strength to the baby. In addition, placenta burial is a symbolic representation that the placenta and the land are sources of nurturing for the baby (Abel et al. 2001). The Nepalese also value the placenta burial ritual as it could affect the health of the new-born for his or her entire life if not buried or placed somewhere in the proper way (Sharma et al. 2016). Participants in this study reported the burial of the placenta and umbilical cord in the house for the fear of witchcraft, which may be practiced on the placenta to bring harm to the child. None of the participants had any experience or observation regarding this belief, although they had heard from their elders that they should take maximum care in its burial. Nazia said, "evil people who don't like the family or have a grudge against the family might think about bringing harm. We heard they could practice witchcraft on the placenta and hair of the child." The practice of witchcraft using the placenta as a device was not evident, yet a fear was attached. Razia explained it more clearly:

We have not heard of anyone practicing it in our village. This is what we have heard. It is said that people who do black magic look for the placenta, the umbilical cord, or the hair of the child [she emphasised the first born child] to practice magic.

She went on to discuss its possible effects:

People who have bad relations with the family may practice witchcraft. The placenta is a device to practice witchcraft. If someone who wants to practice witchcraft for any reason will find the placenta and practice witchcraft; it will affect the baby to whom the placenta belongs.

Razia also mentioned an old practice used to bury the placenta.

Likewise, in the past, the midwife used to bury the placenta in the house. If the baby cried too much after the birth or vomited the breastfed milk, the placenta was patted and pressed further down to give the baby relief. This was practiced for only the first three days. It does not happen now.

The belief in the misuse of the placenta in witchcraft to bring harm to the baby or the mother is present today. However, this is a conformity of tradition set by elders. The belief in the placenta as a device to practice possessive sorcery is primitive, and its burial is recommended in many cultures (Klein 2000).

Similarly, burying the child's first hair because of the fear attached to it (as a device to practice witchcraft) is another folk child-care practice.⁶ In Hindu and Muslim cultures of South Asia, a baby's first hairs are seen as contaminated as they have been in contact with birth pollution (Jeffery and Jeffery 1993). Participants reported shaving the baby's head within seven days of the birth and giving *sadaqa* afterwards. This belief is based on religious tradition. Nathal M. Dessing (2001: 36) described the tradition as an Islamic birth ritual and provided religious sources. Fozia and Nazia stated that the amount of money they gave as *sadaqa* was the price of the silver equal to the weight of the newborn's hair. Concerning the fixed amount of *sadaqa*, they said, "it is Islamic tradition". Samina and Zahida gave *sadaqa* in rupees without such consideration. They said, "It is what one can afford. *Sadaqa* is a must." They spoke about giving wheat or rice as *sadaqa*. It is important to give alms to the poor for the sake of the child's wellbeing. The most interesting and common aspect of *sadaqa* practice is initiating the physical contact of the *sadaqa* money with the child before distributing it among the poor and needy people in the village. Participants reported touching the *sadaqa* money with the baby. Razia said about the belief: "whoever gives *sadaqa*, the *sadaqa* [food or money] should be touched by the person who is supposed to receive its blessing." On saying this, she stated that "a mother, before giving birth, gives her *sadaqa* for safe birthing. She touches the *sadaqa* [mostly uncooked rice or money] and then this is given away." Three participants reported the burial of the child's first hair in the house after giving *sadaqa*. Samina, however, threw it in the trash during her last postpartum.

Samina: For the first two children, we buried their hair in the house. However, last time after giving *sadaqa*, we threw the hair, like the other trash, outside the house.

RA: Why did you not bury it as you had before?

Samina: The hair of the first child is exposed to the risk. We did it the second time too, but it was not necessary. The first child is vulnerable.

Zahida buried the hair of the first and second children. Her mother-in-law Razia said:

For the first child, it is very important to bury the hair. However, to be careful, it is good practice to bury the hair instead of throwing it outside. The first child and male children are always exposed to the risk of evil effects.

RA: And why is it necessary to bury the hair in the house?

Razia: It is safe in the house. Outside some animal or someone may dig it up.

Initiating physical contact with *sadaqa* establishes a sympathetic connection with the Divine blessing (charity in the name of God). In my view, this sympathetic connection terminates the existing connection between the child and his/her (removed) hair, which could direct the evil influences of witchcraft practices (in which the child's hair

might be used). The social value of the child (notably the first child and the male child) increases the fear and is the inspiration for such childcare belief practices. Further, giving *sadaqa* brings a sense of protection, as Zahida said: “*Sadaqa* is for the child, and it protects it from evil effects,” yet they prefer to bury it for the best possible care.

Is anything that comes into contact with a new-born infant potentially usable for witchcraft? This question came to my mind when I observed beliefs about the child (mostly the first child) and the child’s association with things based on physical contact. Nazia showed us some of the clothes that she used to put on her child during the first year. She said: “It is advised not to give the first child’s clothes to anyone. Clothes may be used to practice witchcraft.” Samina practiced this belief for her first child (a daughter). Zahida did this for her first child, and insisted on practicing this belief for the second child, who was a boy. Zahida went on to state that she believed the first child and the son are always exposed to evil effects. Fozia expressed a similar intention. The health and survival of the first child, as said earlier, confirms the fertility and reproductive health of the woman in societies where women bear the reproductive responsibility and the loss of a child is seen as a loss of status and visibility for the woman in the social network. Hence, the first child confirms the ‘motherhood’ status and completes the successful transition from ‘woman-becoming’ (incomplete woman) to ‘woman-being’ (complete woman) in traditional societies (Sandelowski et al. 1990; Whiteford and Gonzalez 1995; Bhatti et al. 1999; Letherby 1999; Sultan 2009; Ali et al. 2011; Qadir et al. 2015; Qamar forthcoming). In the Punjabi cultural context, children are seen as a blessing, and fertility for a woman is a divine gift that raises her status from a woman to an exalted ‘mother’ (Qamar 2015a; 2016; forthcoming). Similarly, male children are the backbone of the Punjabi patriarchal social system. They are seen as the family head and a support for the parents in the old age. They also continue the patrilineal family lineage and are the real heir to the father (Qamar 2012; 2016; forthcoming).

Following the Frazerian principle of thought, I use the term ‘sympathetic connection’ for all such beliefs in which a contact is so sharply embodied that it does not break, even if it is no longer in contact. A sympathetic connection helps to build an association (or attachment) using the law of similarity (like produces like) and the law of contact (things which were once in contact with each other continue to act on each other at a distance).⁷ The belief in sympathetic connection is used to interpret contagious evil (as in witchcraft practices) and contagious blessing (as in religious practices such as *sadaqa*).⁸

AZAN, NAMING, AND CIRCUMCISION: ASCRIBED IDENTITY CONSTRUCTION

Parents are archivists of identity. [...] the early foundation of identity – who you are and how you came to be here – are largely handed over by parents.
(Allat 1996: 135)

Religious socialisation creates and continues the identity formation of individuals and helps develop a sense of belongingness to a group (Beit-Hallahmi and Argyle 1997). Apart from mother and childcare practices, *sawa mahina* is significant for presenting a child as a person with a distinctive religious and gendered identity. A life protected

and cared for in the womb is integrated as a person in the social network. The *azan* (the call to prayer in Islam), naming, and circumcision are important social practices in the Punjabi context that initiate religious and gendered socialisation, thereby reflecting the social need for ascribed identity construction.

The Azan – Welcoming the New-born

The *azan* is said as a ‘welcoming’ ritual after birth, illustrating two important aspects of the postpartum tradition regarding child-related belief practices. First, it is necessary to have the presence of a male community member before the child, as this male must perform the ritual. This male could be an Imam,⁹ or the father or grandfather. All the participants talked about the ritual, which is practiced soon after birth. As soon as the baby is ready after cleaning, he/she hears the first words about the fundamental Islamic faith in the one God and the Prophet Muhammad.¹⁰ The *azan* is a gender-neutral Islamic birth ritual that is equally obligatory for baby boys and girls. Abdul-Ghafar, who himself whispered the *azan* in his grandson’s ears said, “When the baby was ready [both mother and child were cleaned], I was called in. I held the baby and whispered the *azan* in his right and left ears.” Announcing the declaration of faith in the ears of the newborn is a symbolic presentation of the Muslim identity of a child born to a Muslim family. The ritual indicates the ‘natural’ inheritance of the religious identity (of the biological parents), as well as the formal social practice of ascribing the religious identity of the child. Ritual, although gender neutral for the child, is practiced by the male members of the community. Engendered ritual practice signifies the patriarchal interpretation of the religion in the Punjabi social system. In the Punjabi socio-religious context, the presence of men as imams and practicing religious rituals (such as the *azan*, circumcision) manifest male leadership in religious customs and ceremonies.

Naming the Child

Naming a child includes consideration of the cultural aspects of the name (Alderson 2008 [2000]) and varies in different cultures and sub-cultures. The culture of naming a child represents the cultural construction of social identities. ‘Islamic naming’ is the second most important practice of ascribing the child’s identity and the foremost criteria for naming that all the participants in this study mentioned. They believe that the name of the child should label him/her a Muslim child.

Although the participants did not report a ‘ceremonial’ naming culture, they did disclose their serious concerns about naming a child. According to the participants, the name of the child may be suggested before birth and people have no problem naming the child as soon as possible. Further, the participants reported naming their children within a few days of the birth. Nazia and Fozia mentioned that they both received name suggestions from close family members before the birth. From the point of view of the child’s social value, it has already gained its significance as a person. Anyone (male or female) in the close family can suggest a name; however, the names suggested by paternal elders are generally accepted, although this is not mandatory. Most of the

names of the people in this village that I remember are the names of the prophets, their family members, or their companions. Other names are the names of famous Muslim men and women in history. Males are also named after the attributed names of God and Muhammad. Other names given to children in the village are common Muslim names. For example, Naeem Hussain (Abdul Gahafar's child) consists of two names: they had heard Naeem somewhere, and Hussain is the name of the Prophet Muhammad's grandson. Regarding the naming of her son, Nazia said:

In the two or three days after the birth, we named the baby. It was decided by the family that the name must start with the prefix Muhammad. His name is Muhammad Ali [pointing towards the child].

Here, Muhammad is the name of the Prophet, and Ali is the name of his son-in-law (the husband of prophet's daughter Fatima). Samina also named one of her daughters after Fatima. Fozia's husband named his son Mudassar, which is an attribute name for the Prophet Muhammad and appears in the Quran. Hence, a common perception of naming is that 'it should be Islamic'. On what a name may present, Gary S. Gregg (2007) provided an interesting analysis of Muslim names in Moroccan culture. Gregg explored three aspects of the Moroccan naming culture. First, the name represents family patrilineal lineage (patrikin-centric); second, a religious manifestation (religion-centric); and third, a nickname for individuation (egocentric). The Islamic ruling for naming children depends on three principles. First, the name should not be against the fundamental religious philosophy (i.e., the Oneness of God, Monotheism). Second, the name must have good meanings. Third, the name should not be like those personalities who are famous for their evil deeds, for example, arrogance, cruelty or injustice (Abdul-Rahman 2007).

In light of the above question, it is important to understand how names disclose a child's identity in Punjabi culture. In short, in Punjabi culture, names have a historical significance along with a religious commitment. Pakistan came into being because of the two-nation theory that divided a previously united India into two religious majorities: Hindu and Muslim. Punjab was thus divided between India and Pakistan. The Muslims of Punjab, living with Hindu and Sikh communities in united India, maintained their distinguished religious existence. As converted Punjabi Muslims, they shared several rituals with non-Muslim Punjabis; however, rituals of ascribed identities (the *azan*, naming, circumcision) always used to distinguish a Muslim child in the wider Punjabi community explicitly. They annotate their religious identity in their names. Muslim names (in Urdu, Arabic and Persian) are inspired by the several attribute names of the one God (in Islam), the names of the prophets, the Prophet Muhammad and his attribute names, the names of his companions, his family, and famous Muslim saints. In rural Punjab (Pakistan), people use famous Islamic names that are easy to pronounce and explicitly represent their religious and gender identity. A baby's name comprises two parts, the first and the last name. The last name may or may not be the father's name; hence, presenting patrilineal lineage in the name is not mandatory. Similarly, it is not necessary to have nicknames. Two aspects to consider when naming a child are religion and gender. As mentioned, religion-centric naming has its history, whereas gender is an explicit social norm in Punjabi culture.

Circumcision of Male Infants

Male circumcision, as a part of Abrahamic faith, is practiced among many religious groups belonging to the Abrahamic religions (Jews, Christians, Muslims – with the exception of some churches who oppose this practice). Muslims are the largest group who practice circumcision as a religious practice (Rizvi et al. 1999; Chigondo 2014). Circumcision is known as *Khatna* in the Punjabi language. Punjabi Muslims consider circumcision an obligatory ritual for a male Muslim baby for his religious and cultural identity. I asked several people why circumcision is necessary and what happens if it is not performed. The response was unanimous: “This is *Sunnah*¹¹ and confirms a male child as a Muslim.” Female circumcision is not practiced in the state of Punjab.

Participants reported practicing circumcision within *sawa mahina*. First, it helps the mother to take care of the child as she is free from several domestic chores. Second, they relate it to religious teaching to circumcise the child (if healthy) in seven days. The majority of Muslims confirm the practice of circumcision on the seventh day as the recommended practice because the Prophet Muhammad circumcised his grandsons Hassan and Hussain on the seventh day (Dessing 2001). Punjabis, on the other hand, prefer to do it as soon as possible so that the wound heals quicker, as supported by Abdul Razak, who said, “It is good to circumcise the baby during *sawa mahina* because it heals quickly during infancy. The baby does not move his legs too much.” If the baby is in good health, he is circumcised a few days (within seven days) after birth. Some parents wait little more and circumcise the baby after two or three weeks. The practice of circumcision quite early in childhood is common in urban and rural areas. Traditionally, the village barber circumcises the baby. After the circumcision, the baby, as usual, is breastfed and remains with the mother. Participants did not report any formal ceremony or festive setup for circumcision, though cooking something sweet and distributing it in the neighbourhood is common. The religious manifestation of the circumcision ritual is a significant cultural practice.

The *Ahadith* (the sayings of Muhammad) cites circumcision as an Islamic birth ritual and an act of *Fitrah* (i.e. it is natural) for males. It also recognises the *Sunnah* (actions) of the prophets (who were all male), first initiated by Abraham when he was eighty years old (see Khan 1994; Al-Mundhiri 2000). In Jewish and Muslim traditions, male circumcision is followed as an Abrahamic ritual. Abraham is said to have been the first to practice the ritual by the will of God (Dessing 2001). The male circumcision ritual represents culture, history, and identity. Although not mentioned in the Quran, the circumcision ritual is based on prophetic traditions reported in Islamic history records and interpretation offered by classical scholars. The circumcision ritual identifies male Muslims and is taken seriously in Muslim societies. The stance on circumcision of converted Muslims is debated among classical Muslim scholars; however, in Muslim families, male circumcision is practiced religiously “even when circumcision serves as an identifying mark that could lead to their detection and persecution” (Abu-Sahlieh 1999: 139). In the cultural and historical context of the Punjab, the circumcision of male children is an obligatory religious act that physically identifies a Muslim male (distinguishing him from Hindus and Sikhs). Unfortunately, this distinctive identity was used as a reason to incite violence during the religious riots in India and Pakistan after the division of

united India (Ahmed 1997; Kamra 2002). The historical presence of religious identification in Indo-Pak culture indicates the identity realisation of Punjabi communities in effect from early childhood. Punjabi Muslims, in this respect, practice *khatna*, thereby ensuring the fulfilment of an obligatory ritual, a mark of religious identification, and a feeling of religious submission. A child at birth is perceived as male or female following biological essentialism (sex difference based on different genitals). Naming, as described earlier, is the first formal practice to identify gender. Circumcision in rural Punjabi society is an initiation rite practiced for the social care of the child to integrate the male child into the social group and a symbolic conformity of the status 'male Muslim child'.

CONCLUSION

Postpartum traditions are social cultural practices that are often studied with an emphasis on nutrition beliefs and the care practices addressing the physiological condition of the mother, as perceived in different cultures. However, a significant side of the postpartum traditional belief practices is the social construction of infancy and corresponding social construction of motherhood that has been rare in scholarly work on postpartum traditions in the global south. Postnatal care in its traditional form provides a rich exposure of the cultural fibre that connects the several social realities related to the status of women and children in the community. A Punjabi Muslim child, as a status giver with high social value (comprised of familial, religious and emotional values), contributes to family formation in the Punjabi socio-cultural context. Motherhood and childhood are both ritualised to seek care, protection, and strength. In this regard, *sawa mahina* is a noteworthy tradition in Punjabi culture. It constitutes the inseparable mother–infant connection and the corresponding social values (the woman as an 'exalted' mother and the socially valued child) by ritually integrating mother and child in the social network with their 'valued' identities.

Rest and confinement, as a major aspect of *sawa mahina*, primarily address the transition of a woman from impurity (birth pollution) to purity, weakness to health (recovery from a physically vulnerable state), and from a married woman to motherhood. The practical support from the family women ensures help for the mother and a good quality of childcare during *sawa mahina*. This support is part of Punjabi women's social provisions and helps women to a position of power and control that is achieved through successful motherhood. On the other hand the perceived vulnerability of the mother, which exposes her to the risk of the evil influence (which congruently affects the child) instrumentally marginalises childless women and women with fertility issues.

Preparing the mother for motherhood includes encouragement and training for breastfeeding that is seen as a socio-religious construct defining the woman's role as primary care giver, reinforcing in reward the exalted status of motherhood, and building up a strong emotional and social bond between the mother and the infant. Further, recognition of the child's agency in the embodied and inseparable mother–child dyad induce the mother–child attachment. This sympathetic connection serves the purpose of the woman empowerment as a mother in Punjabi patriarchal social context. The notion of the sympathetic connection is not limited to mother–child attachment. It can

be observed in several other childcare practices, such as the first hair of the child and placenta burial rituals. This belief ultimately reflects the cultural cognition of the Punjabis, which connects people and things in a cosmological sympathetic relationship.

Another important aspect of *sawa mahina* is a particular focus on ascribing religious and gender identities to integrate the child in the Punjabi socio-cultural context. Welcoming the child with the *azan* is an assertion of receiving a 'Muslim' baby in a Muslim family. Later naming and circumcision rituals provide the basis for the socially constructed religious and gendered social identity of the child. Hence, *sawa mahina* remains a significant period in the cultural lives of Punjabi people exposing several aspects of the social construction of infancy and motherhood that (in close connection) are rarely investigated in sociological and anthropological studies.

The study opens a research horizon to investigate the social value of the child, the sympathetic connections in childcare belief practices, and the social construction of the mother-child dyad in early infancy. The study also promotes the idea of investigating postpartum traditions in different cultures with the analytical lens of socially-constructed infancy.

NOTES

1 A woman is considered polluted after birth. The word *purudu* means birth pollution and is also used for the post birth seclusion of mother and child until the removal of birth pollution (Saavala 2013 [2001]).

2 Research is carried out at the Norwegian Center for Child Research (NOSEB), Norwegian University of Science and Technology (NTNU), Trondheim. The title of my research project is Infant Healthcare Belief Practices in Rural Punjab, Pakistan, funded by the Higher Education Commission (HEC), Pakistan.

3 Voluntary charity, named as *sadaqa*, is a religious ritual that sees the believer give something to the poor and needy in the name of God to please him by benefiting poor people. Quranic incantation or amulets and *sadaqa* are two significant religious practices in Punjabi society that are believed to be powerful and divine devices against disease, loss, or damage (Qamar 2013; 2016).

4 *Napaki* – birth pollution, a state of being dirty and impure. *Napak* refers to a dirty and impure person.

5 A former study conducted in southern Punjab (Nielsen et al. 2001) describes *Athra* as a feared illness caused by the evil eye or witchcraft. I have discussed this disease, which causes infant mortality, in detail in another article (Qamar forthcoming).

6 Fieldwork observation was that after combing their hair, women did not throw their fallen hair in the trash, but rather tended to bury it. It is believed that a woman's hair can be used in witchcraft to bring harm to a mother's reproductive health.

7 James Frazer (1925 [1890]) refined Edward Tylor's (1974 [1871]) principle of association into the law of similarity and contact, and applied this law in sympathetic magic. For further information on the persistence of belief in sympathetic connection related to childcare practices in rural Punjab, see Qamar 2015b; 2016.

8 During my research in rural Punjab I found belief in the sympathetic connection in several other childcare practices, see Qamar 2015b; 2016.

9 Islamic cleric or religious teacher in the local mosque.

10 The *azan* is a collection of Arabic sentences declaring faith in the one God (Islamic monotheism), belief in the prophethood of Muhammad, and the call to worship the one God.

11 *Sunnah* is an act recommended and practiced by the prophets.

REFERENCES

- Abdul-Rahman, Muhammad Saed. 2007. *Islam: Questions and Answers – Manners 2*. London: MSA Publication Limited.
- Abel, Sally; Julie Park, David Tipene-Leach, Sitaleki Finau and Michele Lennan. 2001. Infant Care Practices in New Zealand: A Cross-Cultural Qualitative Study. – *Social Science & Medicine* 53 (9): 1135–1148. DOI: [https://doi.org/10.1016/S0277-9536\(00\)00408-1](https://doi.org/10.1016/S0277-9536(00)00408-1).
- Abu-Sahlieh, Sami A. Aldeeb 1999. Muslims' Genitalia in the Hands of the Clergy: Religious Arguments about Male and Female Circumcision. – *Male and Female Circumcision: Medical, Legal, and Ethical Considerations in Paediatric Practice*, edited by George C. Denniston, Frederick Mansfield Hodges and Marilyn Fayre Milos. New York, NY: Kluwer Academic; Plenum Publishers, 131–171.
- Agar, Michael H. 1981. *The Professional Stranger: An Informal Ethnography*. New York, NY: Academic Press.
- Ahmed, Akbar S. 1997. *Jinnah, Pakistan and Islamic Identity: The Search for Saladin*. New York, NY: Routledge.
- Alderson, Priscilla. 2008 [2000]. *Young Children's Rights: Exploring Beliefs, Principles and Practice*. 2nd edn. London: Jessica Kingsley Publishers.
- Ali, Sumera; Raafay Sophie, Ayesha M. Imam, Faisal I. Khan, Syed F. Ali, Annum Shaikh and Syed Farid-ul-Hasnain. 2011. Knowledge, Perceptions and Myths Regarding Infertility among Selected Adult Population in Pakistan: A Cross-Sectional Study. – *BioMed Central Public Health* 11 (760). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3206477/> (accessed April 28, 2017).
- Allat, Pat. 1996. Conceptualizing Parenting from the Standpoint of Children: Relationship and Transition in the Life Course. – *Children in Families: Research and Policy*, edited by Julia Brannen and Margaret O'Brien. London: Falmer Press, 130–144.
- Al-Mundhiri, Al-Hafiz Zakiuddin Abdul-Azim. 2000. *The Translation of the Meanings of Summarized Sahih Muslim 1*. Riyadh: Darussalam.
- Arnold, Fred; Rodolfo A. Bulatao, Chhalio Buripakdi, Betti Jamie Chung, James T. Fawcett, Toshio Iritani, S. J. Lee and Tson-Shien Wu. 1975. *The Value of Children: A Cross-national Study*. Honolulu, HI: East-West Center.
- Babbie, Earl R. 2008. *The Basics of Social Research*. Belmont, CA: Thomas Learning.
- Bayly, Susan. 2001 [1999]. *Caste, Society and Politics in India from the Eighteenth Century to the Modern Age*. New York, NY: Cambridge University Press.
- Beit-Hallahmi, Benjamin and Michael Argyle. 1997. *The Psychology of Religious Behaviour, Belief and Experience*. New York, NY: Taylor & Francis.
- Bernard, Harvey Russell. 2006. *Research Methods in Anthropology: Qualitative and Quantitative Approaches*. Oxford: Rowman Altamira.
- Bhattacharya, A.; R. Dwivedy, S. Nandeshwar, A. de Costa and V. K. Diwan. 2008. 'To Weigh or not to Weigh?' Socio-Cultural Practices Affecting Weighing at Birth in Vidisha, India. – *Journal of Neonatal Nursing* 14 (6): 199–206. DOI: <https://doi.org/10.1016/j.jnn.2008.07.009>.
- Bhatti, Lubna Ishaq; Fariyal F. Fikree and Amanullah Khan. 1999. The Quest of Infertile Women in Squatter Settlements of Karachi, Pakistan: A Qualitative Study. – *Social Science & Medicine* 49 (5): 637–649. DOI: [https://doi.org/10.1016/S0277-9536\(99\)00142-2](https://doi.org/10.1016/S0277-9536(99)00142-2).
- Bina, Rena. 2008. The Impact of Cultural Factors upon Postpartum Depression: A Literature Review. – *Health Care for Women International* 29 (6): 568–592. DOI: <https://doi.org/10.1080/07399330802089149>.
- Bühler, Christoph. 2008. On the Structural Value of Children and its Implication on Intended Fertility in Bulgaria. – *Demographic Research* 18: 569–610. DOI: <https://doi.org/10.4054/DemRes.2008.18.20>.

- Chigondo, Etiya Edith. 2014. A Study to Assess the Acceptance of Male Circumcision as a Preventive Method in Hiv and Aids, in Mbare and Southern Suburbs of Harare, Zimbabwe. – *Research Journal of Social Sciences and Management* 4 (1): 123–130.
- Creswell, John W. 2003 [1994]. *Research Design: Qualitative, Quantitative, and Mixed Method Approaches*. 2nd edn. Thousand Oaks, CA; London, New Delhi: Sage Publications.
- Denzin, Norman K. and Yvonna S. Lincoln, eds. 2011 [1994]. *The SAGE Handbook of Qualitative Research*. 4th revised edn. Thousand Oaks, CA; London, New Delhi: Sage Publications.
- Dessing, Nathal M. 2001. *Rituals of Birth, Circumcision, Marriage, and Death among Muslims in the Netherlands. New Religious Identities in the Western World 2*. Belgium: Peeters Publishers.
- Elo, Satu and Helvi Kyngäs. 2008. The Qualitative Content Analysis Process. – *Journal of Advanced Nursing* 62 (1): 107–115. DOI: <https://doi.org/10.1111/j.1365-2648.2007.04569.x>.
- Frazer, James George. 1925 [1890]. *The Golden Bough. A Study in Magic and Religion*. New York, NY: The Macmillan Company.
- Graneheim, Ulla H. and Berit Lundman. 2004. Qualitative Content Analysis in Nursing Research: Concepts, Procedures and Measures to Achieve Trustworthiness. – *Nurse Education Today* 24 (2): 105–112. DOI: <https://doi.org/10.1016/j.nedt.2003.10.001>.
- Gregg, Gary S. 2007. *Culture and Identity in a Muslim Society*. Oxford: Oxford University Press.
- Griffith, Laura B. 2009. Practitioners, Postnatal Depression, and Translation: An Investigation into the Representation of Bangladeshi Mothers in the East End. – *Anthropology & Medicine* 16 (3): 267–278. DOI: <https://doi.org/10.1080/13648470903246847>.
- Gullestad, Marianne. 1992. *The Art of Social Relations: Essays on Culture, Social Action and Everyday Life in Modern Norway*. Oslo: Scandinavian University Press.
- Hammersley, Martyn and Paul Atkinson. 1995. *Ethnography: Principles in Practice*. London: Routledge.
- Harkness, Sara. 1987. The Cultural Mediation of Postpartum Depression. – *Medical Anthropology Quarterly* 1 (2): 194–209. DOI: <https://doi.org/10.1525/maq.1987.1.2.02a00040>.
- Heh, Shu-Shya; Lindsey Coombes and Helen Bartlett. 2004. The Association Between Depressive Symptoms and Social Support in Taiwanese Women During the Month. – *International Journal of Nursing Studies* 41 (5): 573–579. DOI: <https://doi.org/10.1016/j.ijnurstu.2004.01.003>.
- Hoffman, Lois Wladis and Martin L. Hoffman. 1973. The Value of Children to Parents. – *Psychological Perspective on Population*, edited by James T. Fawcett. New York, NY: Basic Books, 19–76.
- Holroyd, Eleanor; Fung Kim Lai Katie, Lam Siu Chun and Sin Wai Ha. 1997. “Doing the month”: An Exploration of Postpartum Practices in Chinese Women. – *Health Care for Women International* 18 (3): 301–313. DOI: <https://doi.org/10.1080/07399339709516282>.
- Hussain, Rabia; Zubair Ahmed and Pari Bano. 2014. Ethnographical Study of Postpartum Practices and Rituals in Altit Hunza. – *Journal of Social Sciences* 1 (12): 464–469.
- Jaffrelot, Christophe and Gillian Beaumont. 2004. *A History of Pakistan and Its Origins*. London: Anthem Press.
- Jamaludin, Shariffah Suraya Syed. 2014. Postpartum Food Restriction of Rural Malay Women. – *Asian Journal of Humanities and Social Sciences* 2 (4): 32–41.
- Jeffery, Roger and Patricia M. Jeffery. 1993. Traditional Birth Attendants in Rural North India: The Social Organization of Childbearing. – *Midwifery and the Medicalization of Childbirth: Comparative Perspectives*, edited by Edwin van Teijlingen, George Lewis, Peter McCaffery and Maureen Porter. New York, NY: Nova Science Publishers, 265–278.
- Kamra, Sukeshi. 2002. *Bearing Witness: Partition, Independence, End of the Raj*. Calgary: University of Calgary Press.
- Keenan, Julia and Helen Stapleton. 2009. It Depends What You Mean by Feeding “on Demand”: Mothers’ Accounts of Babies’ Agency in Infant-Feeding Relationships. – *Children, Food and Identity in Everyday Life*, edited by Allison James, Anne-Trine Kjørholt and Vebjorg Tingstad. New York, NY: Palgrave Macmillan, 13–34.

- Keller, Heidi. 2013. *Cultures of Infancy*. New Jersey, NJ: Psychology Press.
- Khan, M. M. 1994. *Summarized Sahih Al Bukhari*. Riyadh: Darussalam.
- Klein, Michele. 2000. *A Time to Be Born: Customs and Folklore of Jewish Birth*. Philadelphia, PA: Jewish Publication Society.
- Laderman, Carol. 1984. Food Ideology and Eating Behaviour: Contributions from Malay Studies. – *Social Science & Medicine* 19 (5): 547–559. DOI: [https://doi.org/10.1016/0277-9536\(84\)90050-9](https://doi.org/10.1016/0277-9536(84)90050-9).
- Lee, Dominic Tak-Shing. 2000. Postnatal Depression in Hong Kong Chinese. A Doctoral dissertation. Chinese University of Hong Kong.
- Letherby, Gayle. 1999. Other than Mother and Mothers as Others: The Experience of Motherhood and Non-Motherhood in Relation to 'Infertility' and 'Involuntary Childlessness'. – *Women's Studies International Forum* 22 (3): 359–372. DOI: [https://doi.org/10.1016/S0277-5395\(99\)00028-X](https://doi.org/10.1016/S0277-5395(99)00028-X).
- Liamputtong, Pranee. 2007. Situating Reproduction, Procreation and Motherhood within a Cross-Cultural Context: An Introduction. – *Reproduction, Childbearing and Motherhood: A Cross-Cultural Perspective*, edited by Pranee Liamputtong. New York, NY: Nova Science Pub, 3–34.
- Liu, Yan Qan; Marcia Petrini and Judith A. Maloni. 2015. "Doing the Month": Postpartum Practices in Chinese Women. – *Nursing & Health Sciences* 17 (1): 5–14. DOI: <https://doi.org/10.1111/nhs.12146>.
- Longhurst, Robyn. 2005. *Maternities: Gender, Bodies and Space*. London: Routledge.
- Lupton, Deborah. 2013. Infant Embodiment and Inter-Embodiment: A Review of Sociocultural Perspectives. – *Childhood* 20 (1): 37–50. DOI: <https://doi.org/10.1177/0907568212447244>.
- Mason, Jennifer. 2002. *Qualitative Researching*. London: Sage Publication.
- Mathews, Paul W. 1986. The Social and Economic Value of Children in Philippine Society. – *Philippine Sociological Review* 34: 37–55.
- Miller, Laura J. 2002. Postpartum depression. – *Journal of the American Medical Association* 287 (6): 762–765. DOI: <https://doi.org/10.1001/jama.287.6.762>.
- Murchison, Julian. 2010. *Ethnography Essentials: Designing, Conducting, and Presenting Your Research*. San Francisco, CA: Wiley, John & Sons.
- Nag, Moni; Benjamin N. F. White, R. Creighton Peet, Amita Bardhan, Terrence H. Hull, Allen Johnson, George S. Masnick, Steven Polgar, Robert Repetto and Sol Tax. 1978. An Anthropological Approach to the Study of the Economic Value of Children in Java and Nepal [and Comments and Reply]. – *Current Anthropology* 19 (2): 293–306. DOI: <https://doi.org/10.1086/202076>.
- Nahas, Violeta and Nawal Amasheh. 1999. Culture Care Meanings and Experiences of Postpartum Depression among Jordanian Australian Women: A Transcultural Study. – *Journal of Transcultural Nursing* 10 (1): 37–45. DOI: <https://doi.org/10.1177/104365969901000113>.
- Nauck, Bernhard. 2014. Value of Children and the Social Production of Welfare. – *Demographic Research* 30: 1793–1816. DOI: <https://doi.org/10.4054/DemRes.2014.30.66>.
- Nielsen, Melanie; Anneke Hoogvorst, Flemming Konradsen, Muhammed Mudasser and Wim Van Der Hoek. 2001. *Childhood Diarrhea and Hygiene: Mothers' Perceptions and Practices in the Punjab, Pakistan* (25). Colombo: International Water Management Institute.
- Oakley, Ann. 1979. *Becoming a Mother*. Oxford: Martin Robertson.
- Oppenheim-Mason, Karen and Anja Malhotra Taj. 1987. Differences between Women's and Men's Reproductive Goals in Developing Countries. – *Population and Development Review* 13 (4): 611–638. DOI: <https://doi.org/10.2307/1973025>.
- Qadir, Farah; Amna Khalid and Girmay Medhin. 2015. Social Support, Marital Adjustment, and Psychological Distress among Women with Primary Infertility in Pakistan. – *Women & Health* 55 (4): 432–446. DOI: <https://doi.org/10.1080/03630242.2015.1022687>.
- Qamar, Azher Hameed. 2012. Gendered Aspects of Informal Education in Childhood: Research Reflections from the Rural Punjab, Pakistan. – *Academic Research International* 2 (1): 383–397.
- Qamar, Azher Hameed. 2013. Evil, Evil Eye and Islamic Faith-Healing Traditions. – *The Journal of Islamic Thought and Civilization* 3 (2): 44–53.

- Qamar, Azher Hameed. 2015a. Being a Child in Rural Pakistan. – *The Delhi University Journal of the Humanities and the Social Sciences* 2: 100–111.
- Qamar, Azher Hameed. 2015b. Tona, the Folk Healing Practices in Rural Punjab, Pakistan. – *Journal of Ethnology and Folkloristics* 9 (2): 59–74.
- Qamar, Azher Hameed. 2016. Belief in the Evil Eye and Early Childcare in Rural Punjab, Pakistan. – *Asian Ethnology* 75 (2): 397–418.
- Qamar, Azher Hameed. Forthcoming. *Social Value of the Child and Fear of Childlessness among Rural Punjabi Women in Pakistan*.
- Ribbens, Jane. 1994. *Mothers and Their Children: A Feminist Sociology of Childrearing*. London: Sage Publications.
- Rice, Pranee Liamputtong. 2000. *Nyo dua hli* – 30 Days Confinement: Traditions and Changed Childbearing Beliefs and Practices among Hmong Women in Australia. – *Midwifery* 16 (1): 22–34. DOI: <https://doi.org/10.1054/midw.1999.0180>.
- Rizvi, S. A. H.; S. A. A. Naqvi, M. Hussain and A. S. Hasan. 1999. Religious Circumcision: A Muslim view. – *BJU international* 83 (S1): 13–16. DOI: <https://doi.org/10.1046/j.1464-410x.1999.0830s1013.x>.
- Saavala, Minna. 2013 [2001]. *Fertility and Familial Power Relations: Procreation in South India*. *Nais Monograph Series* 87. London: Routledge.
- Sandelowski, Margarete; Diane Holditch-Davis and Betty G. Harris. 1990. Living the Life: Explanations of Infertility. – *Sociology of Health & Illness* 12 (2): 195–215. DOI: <https://doi.org/10.1111/1467-9566.ep11376477>.
- Saura, Bruno; Maryann Capestro and Henri Bova. 2002. Continuity of Bodies: The Infant's Placenta and the Island's Navel in Eastern Polynesia. – *The Journal of the Polynesian Society* 111 (2): 127–145.
- Schreier, Margrit. 2012. *Qualitative Content Analysis in Practice*. Thousand Oaks, CA: Sage Publications.
- Sharma, Sheetal; Edwin van Teijlingen, Vanora Hundley, Catherine Angell and Padam Simkhada. 2016. Dirty and 40 Days in the Wilderness: Eliciting Childbirth and Postnatal Cultural Practices and Beliefs in Nepal. – *BMC Pregnancy and Childbirth* 16 (1): 147. DOI: <https://doi.org/10.1186/s12884-016-0938-4>.
- Smart, Carol. 1996. Deconstructing Motherhood. – *Good Enough Mothering?: Feminist Perspectives on Lone Motherhood*, edited by Elizabeth Bortolaia Silva. London: Routledge, 37–57.
- Soet, Johanna. E.; Gregory A. Brack and Colleen DiIorio. 2003. Prevalence and Predictors of Women's Experience of Psychological Trauma during Childbirth. – *Birth* 30 (1): 36–46. DOI: <https://doi.org/10.1046/j.1523-536X.2003.00215.x>.
- Stewart, Stephanie and Jaya Jambunathan. 1996. Hmong Women and Postpartum Depression. – *Health Care for Women International* 17: 319–330. DOI: <https://doi.org/10.1080/07399339609516248>.
- Sultan, Sarwat. 2009. Depression: A Common Factor Associated with Childlessness. – *Pakistan Journal of Social Sciences* 29 (1): 79–90.
- Tahhan, Diana Adis. 2008. Depth and Space in Sleep: Intimacy, Touch and the Body in Japanese Co-Sleeping Rituals. – *Body and Society* 14 (4): 37–56. DOI: <https://doi.org/10.1177/1357034X08096894>.
- The Noble Quran – English Translation of the meanings and commentary*. 1985. Translated by Muhammad Taqqiuddin Al-Hilali and Muhammad Mushin Khan. Madinah, KSA: King Fahd Complex.
- Tylor, Edward Burnett 1974 [1871]. *Primitive Culture. Researches into the Development of Mythology, Philosophy, Religion, Art and Custom*. New York, NY: Gordon Press.
- Upton, Rebecca L. and Sallie S. Han. 2003. Maternity and Its Discontents: "Getting The Body Back" After Pregnancy. – *Journal of Contemporary Ethnography* 32 (6): 670–692. DOI: <https://doi.org/10.1177/0891241603257596>.

- Vlassoff, Michael and Carol Vlassoff. 1980. Old Age Security and the Utility of Children in Rural India. – *Population Studies* 34 (3): 487–499. DOI: <https://doi.org/10.1080/00324728.1980.10410457>.
- Whiteford, Linda M. and Lois Gonzalez. 1995. Stigma: The Hidden Burden of Infertility. – *Social Science & Medicine* 40 (1): 27–36. DOI: [https://doi.org/10.1016/0277-9536\(94\)00124-C](https://doi.org/10.1016/0277-9536(94)00124-C).
- Whittaker, Andrea. 1999. Birth and the Postpartum in Northeast Thailand: Contesting Modernity and Tradition. – *Medical Anthropology* 18 (3): 215–242. DOI: <https://doi.org/10.1080/01459740.1999.9966156>.
- Winch, Peter. J.; M. Ashraful Alam, Afsana Akther, Dilara Afroz, Nabeel Ashraf Ali, Amy A. Ellis, Abdullah H. Baqui, Gary L. Darmstadt, Shams El Arifeen and M. Habibur Rahman Seraji. 2005. Local Understandings of Vulnerability and Protection during the Neonatal Period in Sylhet District, Bangladesh: A Qualitative Study. – *The Lancet* 366 (9484): 478–485. DOI: [https://doi.org/10.1016/S0140-6736\(05\)66836-5](https://doi.org/10.1016/S0140-6736(05)66836-5).
- World Health Organization. 2014. *WHO Recommendations on Postnatal Care of the Mother and New-born*. World Health Organization. http://apps.who.int/iris/bitstream/10665/97603/1/9789241506649_eng.pdf (accessed May 26, 2017).
- Wynne, Francine. 1997. The Embodied Chiasmic Relationship of Mother and Infant. – *Human Studies* 19: 253–270. DOI: <https://doi.org/10.1023/A:1005380703076>.
- Yeh, Yueh-Chen; Winsome St. John and Lorraine Venturato. 2014. Doing the Month in a Taiwanese Postpartum Nursing Center: An Ethnographic Study. – *Nursing & Health Sciences* 16 (3): 343–351. DOI: <https://doi.org/10.1111/nhs.12110>.