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Care, Violence, and More-Than-Human Reproductive Ecologies in North India

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ABSTRACT
This paper explores therapeutic interventions for subfertility as a domain where meanings and boundaries of care and violence are constituted. It centres around a fragment of one Rajasthani woman's reproductive journey contextualised within marriage migration, upward social mobility, and affinal/natal kin relations. Grounded in 18 months of ethnographic fieldwork in Rajasthan, India, and ongoing conversations with the family, this paper investigates therapeutic interventions undertaken by affinal and natal families—biomedical interventions alongside engagements with a Hindu goddess Kali—and examines how ambivalent care practices are situated within relations between people, technologies, and spirits who 'meddle' with human affairs. It argues that the meanings of care are constituted relationally within more-than-human reproductive ecologies.

Introduction

Lifeworlds in north India have always been more than human long preceding the 'other-than-human turn' in anthropology (Kohn 2013; Kirksey 2014; Lien & Pálsson 2021) or the proliferation of biotechnologies contesting the boundaries and meanings of humanness. Puig de la Bellacasa (2017) suggests that living in more-than-human worlds encompasses 'in one breath […] nonhumans and other than humans such as things, objects, other animals, living beings, organisms, physical forces, spiritual entities, and humans' to acknowledge that these 'are unavoidably entangled.' Fernando (2022) argues that the more-than-human perspectives prioritise entities involved in 'natural' processes—from bacteria to nonhuman animals—and disregard supernatural agents. Discussions on more-than-human reproduction, too, often focus on

reproductive technologies which disrupt nature/culture dichotomies and allow 'natural' nonhuman entities to become key social and political actors. 'More-than-human reproductive ecologies' (Neimanis 2014) which unfold in this article do not centre primarily on new reproductive technologies—such as artificial wombs, biobanking, or egg freezing—which are often accessible to those with substantial financial means or high-tech-related academic interests. Instead, I follow Fernando's (2022) invitation to make meaningful space for the supernatural within the more-than-human framework and suggest that conversations about reproduction need to also pay attention to relations between humans, deities, animals, and technologies.

This more-than-human reproductive framework aims to capture more than medical pluralism and improvisations in tackling reproductive contingencies. It recognises that 'situating reproduction' (Greenhalgh 1995) requires not only attending to social and political inequalities which characterise lifeworlds but also attending to the more-than-human nature of worlds within which these inequalities are enacted, contested, and lived. Understanding reproductive experiences in the context of local more-than-human ecologies may not necessarily offer a ground-breaking theorisation of how reproduction is entangled in obligations amongst human and nonhuman actors. But this perspective offers a more nuanced understanding of the ambivalences and entanglements people encounter in their reproductive journeys, particularly in the webs of more-than-human care that envelope reproduction.

Caregiving is often imagined as a human affair or even a humanising practice (Kleinman 2009; Livingston 2012; Roberts 2016), but it is nearly impossible to disentangle human and nonhuman relations enmeshed within care (Puig de la Bellacasa 2017). Instead of seeing the human and the spirit worlds as separate arenas that are constantly 'crossed over' (Nabokov 2000), the more-than-human perspective recognises that the human world has always been a more-than-human world. Lifeworlds in Rajasthan—where 'places and their deities continue to be meshed in multiple ways with human lives and livelihoods, especially with aspirations for health and well-being' (Gold 2008: 153)—have always been more than human. People, places, deities, and increasingly technologies are interconnected in webs of ambivalent care.

The concept and content of care have been at the forefront of anthropological analysis and remain somewhat elusive. In this article, care is seen as a socially situated work of maintaining worlds (Puig de la Bellacasa 2017) carried out through everyday practices and relations (Mol et al. 2010). Due to its polysemy, the concept of care can 'provide space for socially and institutionally situated ambivalent narratives' (Fiks 2023: 66). While a lot of writing on care focuses on ethical and moral aspects of caregiving (Mol 2008; Kleinman 2009; Puig de la Bellacasa 2017), scholars agree that care is fundamentally ambivalent and has the capacity to harm (Biehl 2012). The interplay between care and violence has received significant attention from ethnographers who highlight how intimately and ambiguously these can be intertwined in different institutional contexts (Gupta 2012; Stevenson 2014; Garcia 2015; Varma 2020; Lukšaitė 2022) and everyday lives (Das 2010; Rogers 2017). Acknowledging that 'care can do violence, and violence can also be felt as care' (Arnold & Aulino 2021) leaves us with a 'consideration of care as a discomfort that insists, as an affective state that

does not resolve, and as one that resists finalizability' (Cubellis 2020: 3). Despite this unfinalizability, care in all its uncertainty that 'refuses to be neatly resolved' (Stevenson 2014: 1) can be a powerful interpretative framework. Stevenson (2014) distinguishes between two types of care she encountered while working in the Canadian Arctic: the anonymous care employed by the Canadian state to keep populations alive and the supportive everyday forms of care she encountered in Inuit communities. I maintain, similarly, that there is something to be learned by juxtaposing how different forms of care and relationship with violence are constituted across contexts.

Practices of care gain meaning in social contexts. Locating care within broader relationships and values (Cook & Trundle 2020) or within 'broader ecologies—composed of a vast range of techniques, entities and deities, spaces, and artificial atmospheres' (Duclos & Criado 2020: 155) can reveal previously unexplored dimensions of care, a concept and practice which has gathered significant ethnographers' attention. While some ecologies provide support and protective effects albeit 'discontinuous and unevenly distributed' (Duclos & Criado 2020: 155), other ecologies subordinate and disempower. In this article, I examine a part of the reproductive journey of Deepika[1]—a young woman who migrated for marriage from a village to a city in Rajasthan, north India—particularly focusing on therapeutic interventions undertaken by her affinal and natal families to address her inability to conceive. I contextualise therapeutic interventions within wider relationships and ecologies in the affinal and natal settings. I demonstrate that care is fundamentally ambivalent, and its meanings are constituted relationally within more-than-human reproductive ecologies. Recognising that human reproduction is a more-than-human affair, I examine how ambivalent care practices gain meaning through familial, institutional, and ritual practices. I demonstrate that the forms that care takes—reproductive violence in the affinal home and the goddess's violent intimacy in the natal setting—are deeply interwoven with wider social relations amongst people, technologies, and spirits who 'meddle with human affairs' (Gold 1988: 40). I follow other ethnographers who take non-human actors not as symbolic representations of human affairs but as subjects capable of transforming lifeworlds, for example, Flueckiger's (2017) engagements with the goddess or Govindrajan's (2018) writing about animals.

I got to know Deepika's family during 18 months of ethnographic fieldwork I conducted in Chandpur, a village in Rajasthan, India. An NGO worker introduced me to Deepika's sister on my first day in the field and she invited me to her home for some freshly picked papaya from their garden. Ever since that day, this family became my closest interlocutors. While I never lived with them, I spent a lot of time with Deepika's mother, sister, and two brothers, and with Deepika herself when she visited from her affinal home in Udaipur, some 60 kilometres away. We discussed reproduction, sterilisation, and the state (Fiks Forthcoming) —the focus of my fieldwork—in much depth, but I spent a lot of my time with this family as they simply went about their daily lives. I spent time with their extended kin in Chandpur, Udaipur, and other districts where the family's kin networks extended. I also met with the extended family on two post-fieldwork visits in 2015 and 2016 and I continue keeping in touch with them through social media and video calls. While Deepika's family is not a 'typical' family in

Rajasthan, her story connects many challenges, anxieties, and instabilities that are common to women I met during fieldwork. Deepika's social status represents fundamental instabilities that continue to haunt contemporary conceptualisations of gender, power, and agency in India (Ram 2013).

Reproductive Anxieties in the Affinal Family

Deepika was 24 when I met her for the first time in 2012. She grew up in Chandpur and, at the age of 20, had what she called 'an arranged love marriage' with her father's brother's wife's sister's son, Nitin, from an emergent middle-class neighbourhood in Udaipur, the nearest city. However, this marriage pattern does not represent social transformations occurring in the ways love, romance, and marriage are conducted across urban middle-class South Asia (Kaur & Palriwala 2014). Deepika's family has been practising inter-caste marriages for the last three generations, something that is not common in rural north India, where caste endogamy is strictly observed. The boy's wing of the family, too, practised inter-caste relatedness which was equally uncommon amongst emergent middle-class families in small cities like Udaipur. The practice of inter-caste relatedness does not allow classifying either of the families within the dominant *versus* oppressed caste distinction but caste exogamy in both village and emergent middle-class urban contexts gave both families a low social status. Neighbours employed the term *khichri*—a popular dish made of cooking rice, lentils, potatoes, and other ingredients together—as a derogatory remark to describe the lack of rules guiding whom one could marry in Deepika's extended family. A lack of caste identity and caste dharma made them, in neighbours' eyes, suspicious, ambiguous, and somewhat unruly. Inter-caste intimacy has been regarded as a potential 'storm' even within contexts of 'love activism' (Dyson 2018), so it is not surprising that it remains a tricky subject in closely-built urban neighbourhoods too.

Deepika and Nitin fell in love during a family function and their partnership was approved by both families. After the wedding, Deepika moved to live with her in-laws in an emergent middle-class neighbourhood in the outskirts of Udaipur. Precisely because these families practised inter-caste relatedness for several generations, conjugal bond and intimacy between Deepika and Nitin were absorbed within the joint family instead of being seen as subordinate or opposite to the joint family (Pathak 2019). Deepika's new home was located across the road from a small slum dwelling in the outskirts of Udaipur. Such location marked the neighbourhood as emergent rather than the established middle class. An emergent middle–class neighbourhood contained more intense negotiations surrounding gender, class, and ritual practices (Ortegren 2023). Deepika's mother-in-law ran a small imitation jewellery store around the corner from the house, the father-in-law had a tailoring shop, and her husband ran a small-scale trading business. This was a relatively big jump for Deepika in terms of social mobility. She moved from living in a mud house in Chandpur—where her parents struggled to make ends meet by growing crops in the fields, tending to two cows, and selling vegetables in the market—to a two-storey brick house in an emergent middle-class neighbourhood in the outskirts of a city.

Deepika also did not need to tend to animals or fields anymore, something most of her childhood girlfriends had to continue after marriage.

During my fieldwork, Deepika was pregnant for the first time and visited Chandpur often and for extended periods, because it was an opportunity for her to rest from her duties in her in-laws' house. She often complained that her mother-in-law did not help with housework because she was lazy and fat. Cooking, cleaning, washing clothes, and serving her in-laws and their guests occupied all of Deepika's time. She continued performing all housework without any help from anyone else until the very last days of her pregnancy. Besides the work that needed to be done at the in-laws' home, Deepika could not stay at her parents' house for too long because she had numerous antenatal appointments and scans to attend in Udaipur.

Deepika gave birth in the main government hospital in Udaipur. Her in-laws had 'connections' in the hospital, so Deepika received a bed and *dhyan*—attention— from the biomedical personnel. Attention was a precious commodity in public healthcare infrastructure, especially in this overcrowded but highly regarded healthcare facility. I visited them at the hospital in the morning, a few hours after delivery. Deepika was lying on one of the 20 beds in the middle of a crowded maternity ward. Nitin, both of her in-laws, and her mother, father, brothers, and sister were sitting around the bed, occasionally leaving to get chai and to walk around the hospital corridors. Deepika, exhausted after the delivery the previous night, was resting with a green cotton scarf tied around her head and her newborn son—Hari—lying next to her. Everyone was joyful and the baby was an object of repetitive admiration. At one moment, when all men were out of the room, Hari began to cry, and the women collectively decided that he was hungry. Before Deepika could do anything, her mother-in-law stood up from the plastic chair, removed Deepika's breast from her sari blouse, and started rubbing it to make milk appear. In a similarly rough manner, she directed and pushed the baby's face into the nipple. Nobody in this moment seemed to mind, although it made me—the ethnographer—uncomfortable. Immediately, however, I considered how my own discomfort came from euro-centric ideas about care—what it is and how it should be given, especially in the delicate moments after birth—and about bodily autonomy, boundaries, and personal space. Deepika's body and baby belonged to her mother-in-law in more ways than I could see in that moment.

But when Deepika's mother-in-law left the maternity ward half an hour later, Deepika turned to her mother and me and said 'Have you seen how roughly she squeezed me and grabbed the baby? She is always like that. I do not like that.' Then, Deepika told me about her struggles to conceive. Deepika could not get pregnant for three years after her marriage and it caused a lot of *tension* for her, her husband, and the in-laws, in line with the documented pressures that new brides faced to give birth within the first year of marriage in India (e.g. Jeffery *et al.* 1989). Tension is a cultural idiom of distress across India and Weaver (2017: 35), working with women in north India, links it to difficult relationships and 'stresses of modern urban life.' Talking about tension was ubiquitous in rural settings, too, but there, conversations mostly focussed on strategies and advice to prevent tension. According to Deepika, her and her family's tension was a lived and inevitable experience for someone

struggling to conceive. In her case, reproductive anxieties related to in/subfertility were heightened by the stresses of urban living and being a new daughter-in-law.

Deepika narrated how one day, about a year before Hari was born, she was resting in-between household tasks, when her in-laws asked her to get dressed and told her they all needed to go somewhere for some business. She did not know why or where to but followed their instructions. They took an autorickshaw to a private hospital, where Deepika was told to lie down on a bed and was given an injection. That was the last thing she remembered. Deepika woke up after a few hours in the same bed but with pain in her stomach. She found a bandage across her abdomen and was told that the doctor performed surgery to 'open' her uterine tubes. Deepika did not know which procedure was performed but women collectively guessed that it must have been done with *durbin*, a term used to refer to a laparoscope. Across India, the laparoscope is a well-known biomedical artefact and a reproductive technology used for sterilisation, the most prevalent method of contraception. Instead of purely focussing on the safety and convenience that the laparoscope promises within biomedical and state discourses, for many women the laparoscope encapsulates power and ambivalence (Fiks 2023), ideas which extend to doctors using the instrument and mothers-in-law orchestrating such events in secret. A procedure to remove 'blocks in the tubes'—which fertility clinics' websites refer to simply as 'laparoscopic tubal surgery'—is offered by such establishments in Udaipur for approximately ₹25,000 ($330), which is a considerable amount of money for an emergent middle-class family. Deepika emphasised that this was planned and implemented by her mother-in-law. While telling this story in the maternity ward, she looked around for empathy but assured me that she was happy now because this procedure contributed to her getting pregnant and giving birth to Hari.

This was not the only fertility treatment Deepika underwent before conceiving. For a long time, she had monthly appointments at a fertility clinic in Udaipur where she was given numerous medications. Her sister, too, underwent a similar nine-month-long fertility treatment some years later from a rural doctor. Their mother's neighbour in Chandpur has been pregnant with what she called a 'test tube baby' conceived in a clinic in Mumbai, some 800 km away, a place where only a few villagers have ever visited. Fertility treatments have been on the rise not only in urban Rajasthan—in line with the wider trend in India (Bharadwaj 2016; Singh 2022)—but also in rural Rajasthan, subjecting women's bodies to increasing biomedical interventions. Another neighbour, a wife of a teacher on a posting in Chandpur, underwent numerous biomedical interventions from providers in Kota, Jaipur, and Ahmedabad to prevent regular miscarriages which did not allow her to carry to term. In between different treatments, she collected her used menstrual pads in a plastic bag each month and sent her husband to burn the bag in the fields so that dogs could not eat them, a locally known factor contributing to infertility. Therapeutic interventions to tackle in/subfertility are lengthy, diverse, and involve a web of agents affecting it.

Deepika's mother was always concerned for her wellbeing and critical of her mother-in-law's behaviour, but she acknowledged that the life of a young daughter-in-law was always going to be difficult. The struggle between a young

daughter-in-law and her mother-in-law over resources and power is central to women's lives across north India (Jeffery *et al.* 1989; Uberoi 1994; Wadley 1994; Chaudhry 2021). Deepika and her mother understood this struggle not simply as something that women had to endure as young women but also as a price for social mobility. Deepika's mother emphasised that Deepika's husband Nitin was a good man and a caring partner and that Deepika now lived in a financially secure household in a city. The mother-in-law was the only bad thing in her life.

Throughout the time we spent together, I knew that Deepika struggled with a little bit more than just her mother-in-law. She often complained about various demands of her *sasural* (affinal place) and urban living: she spoke about her husband gambling, returning late at night, and refusing to tell her about his activities; she also spoke about being jealous of how he talks with other women on the phone, which she could sometimes hear. Deepika was happy with some aspects of urban living too: she enjoyed the availability of different clothing stores, her husband's habit of buying her new items, and opportunities for outings and gossip. She relished that her husband bought them a bed for ₹20,000 ($260) which was a big jump from the metal charpoys used in her natal home. However, most gender roles and expectations ascribed to Deepika were stricter in the city than what she had seen in the village. Unlike accounts demonstrating that urban women often have greater freedom of mobility compared to some rural women whose actions and movements are tightly regulated by caste and gender codes, Deepika was mostly contained within domesticity and left only when accompanied by kin. These restrictions were not imposed on the basis of caste. Due to her in-laws' involvement in the formal urban economy, the burden of housework fell exclusively on Deepika. While there was another daughter-in-law living in the same house, married to Nitin's brother, Deepika was the youngest, so most housework was her responsibility. Her affinal family defined the lack of necessity for Deepika to work outside the house—and, by extension, to leave the house—as a prize (not price) of social mobility. They also defined areas of Udaipur beyond their immediate neighbourhood as dangerous and complicated to navigate. Deepika was told that she needed company, transport, and skills—which she lacked because she was from a village—to navigate Udaipur.

Deepika often spoke about hating her mother-in-law during conversations in her *pihar* (natal place), but she complied with the demands of the sasural, including housework and *ghunghat*, covering her head with the loose end of a sari in the presence of husbands' male relatives. Her anxieties related to her struggles to conceive were heightened in an urban setting: new gender roles for Deepika combined with her new class standing and her status as a first-generation urbanite (Allocco 2020). Deepika's status and position were continually changing as she moved between pihar and sasural, the village and the city. While the support women receive from their natal families does vary (Chaudhry 2019), pihar has often been for women across India a place where they were allowed to express frustrations with in-laws and the workload which they experienced in their sasural. However, frustrations related to urban living, frustrations with the sasural in an urban setting, and frustrations with in/subfertility within a sasural in an urban setting had no straightforward release. Due to restrictions

imposed on Deepika's time and mobility in her sasural, she had not formed close friendships in the urban neighbourhood which could provide support in urban contexts (e.g. Chaudhry 2021).

While Deepika acknowledged that not knowing about the biomedical procedure that the mother-in-law arranged was cruel, she was happy that the biomedical intervention contributed to the resolution of her worries. Her reproductive anxieties were heightened in the context of multiple layers of vulnerability that surrounded her struggles to conceive in a context where infertility is considered to be a serious social concern, which may lead to stigma, isolation, violence, divorce, and suicide (Mehta & Kapadia 2008). Precisely because women in India bear the social burden of infertility and their identities and status are closely linked with the ability to have children (Mehta & Kapadia 2008; Unnithan 2010; Majumdar 2023), Deepika said she was happy that the biomedical intervention was carried out despite being simultaneously horrified by the circumstances in which it happened. '(V)iolence can be very effective,' Garcia's (2015: 467, 456) interlocutors explained in relation to violent interventions undertaken within addiction recovery centres in Mexico. Similar to their accounts—where violence can have therapeutic effects and where pain can enhance healing—Deepika's narrative also blurs the lines between care, violence, pain, and healing. While she does not describe therapeutic effects enhanced by cruel circumstances, she does say she is, in the end, happy that it happened. Pain has been integral to women's experiences of reproduction and motherhood in India, where the pains of childbirth, for instance, are seen as giving women strength (Van Hollen 2003).

An emerging body of literature attempts to problematise such often normalised blurrings between violence, care, pain, and healing, particularly within healthcare settings. The concept of 'obstetric violence' attempts to document and challenge the institutionalisation of violence during birth (Sadler *et al.* 2016; Shrivastava & Sivakami 2020). A broader concept of 'reproductive violence' has been proposed to refer to a distinctive form of violence directed at reproductive subjects during a wider range of reproductive occasions and settings (Chadwick & Jace Mavuso 2021). Recognising the undermining of Deepika's autonomy in getting her tubes 'opened' at the private facility as reproductive violence exposes the dehumanising violations that were committed as part of the care provided. Infertility clinics are not simply places where routine screening for domestic violence is necessary to identify and support victims (Onat 2014) but are also locations where such violence is perpetuated.

Violence in hospital settings reflects other forms of gender-based violence and marginalisation that women experience in their everyday lives (Sadler *et al.* 2016; Shrivastava & Sivakami 2020). Experiences of mistreatment and injustice within clinical settings have far-reaching consequences in women's lives but they are also grounded in previous relations and experiences. While Deepika's brief narrative of her experiences allows us to locate harm within a particular moment in time, it has been made possible through other, wider social relations outside the clinic that made this moment possible. Reproductive violence that Deepika experienced within the health care facility was an articulation of broader ways in which her in-laws took control

of her autonomy, her body, and her life. However, performing procedures without women's consent was not incidental—but integral—to a biomedical system that has been discussed as cultivating heteropatriarchal notions and family structures (Vora 2015). While many studies find that infertility is associated with intimate partner violence, especially in contexts with hegemonic patriarchal and pronatalist values (e.g. Stellar *et al.* 2016), in Deepika's case, violence is carried out by the whole affinal family, not simply by her partner. This violence is enacted in the name and at the scene of care (Gupta 2012) and Deepika later accepts that it was a good thing. While care as a good, warm, and moral practice has been deconstructed by anthropologists investigating ambivalent dimensions of care (e.g. Ticktin 2011; Biehl 2012; Lukšaitė 2022), violence enacted in the name of care articulates even more ambivalence. '(T)he conceptual displacement of violence from the therapeutic domain is revealed as ideological fantasy' (Garcia 2015: 468) while ethnographic enquiries demonstrate their interwovenness and ambivalence.

The Goddess's Intimacy in the *Nanihal*

When Hari was about six months old, Deepika, her parents, siblings, Nitin, Hari, and I travelled to Deepika's maternal grandparents' place—*nanihal*—in another district in Rajasthan, to thank the Hindu goddess Kali for *her* intervention in resolving Deepika's in/subfertility. Navratri—literally 'nine nights'—a Hindu festival celebrating the goddess in all of her forms over a nine-day period was chosen as an appropriate occasion to offer gratitude and to pay the promised price. The fertility treatments that Deepika underwent in Udaipur were not the only therapeutic intervention to address her in/subfertility. Some months prior to the biomedical procedure to 'open' the tubes, Deepika and her husband addressed the goddess who manifests in the temple built by Deepika's grandfather in nanihal asking her to remove whatever negative spell prevented conception.

Deepika's widowed grandfather—*Nanaji*—lives in a village that is a 'deeper' village than Chandpur: it is geographically more remote and difficult to reach from Udaipur, it is a scattered village with houses very far apart, and it has no toilet facilities. Nowadays, Deepika does not come for visits longer than one night as she does not feel 'comfortable' anymore going to the fields for her bathroom needs. Nanaji, his children, and grandchildren enjoy the freedom of a place without close neighbours: the nearest neighbours, an Adivasi family, live a mile away. Privacy is highly valued in this context: Nanaji was the first person in the family to start inter-caste relatedness. He, self-reportedly from a Brahmin family, fell in love with a woman from a band of travelling dancers 60 years ago. Nanaji and the dancer fell in love, but both families 'outcasted' the couple when they married, as caste exogamy was and, for the most part in Rajasthan, still remains socially unacceptable (even though the 'import' of wives due to the shortage of marriageable women in north India (Kaur 2004) is slowly reaching remote villages in Rajasthan too[2]). Nanaji and his wife—Deepika's Naniji—left their families and settled in this 'empty' piece of land. Naniji passed away during the birth of their last child and left Nanaji to care for their two sons and two daughters.

A few years ago, one of Nanaji's sons died in a car accident, leaving a wife and two daughters behind. Soon after the accident, Nanaji's other son, the dead man's brother, started having dreams about nine statues of Kali buried in their front yard. They started digging and found the first statue 1.5 metres underground, next to the trunk of a young tree. They could not remove the statue from its position in the ground—it is common that such objects refuse to leave their original place and shrines need to be built around them[3]—so they widened the dug hole where the statue was located so that a person or two could comfortably step into it and built a temple around it. Nanaji opened the temple for people who came to visit and uses a step mid-way to step into the hole to light incense, struggling with his arthritic knees and holding onto the tree next to which the statue is located. Around the same time when the dead brother informed about the statues in a dream, the goddess herself started coming onto the living brother and possessions began in line with Ram's (2013: 129) argument that the spirits emerge as energy generated by untimely death articulating 'the force of arbitrariness.'

Kali is generally considered to be powerful and capable of removing the most serious of spells in a speedy fashion. People in the surrounding villages and the city of Udaipur, some 200 km away, got to know about the power that this manifestation of Kali had in solving people's problems and started visiting the temple and addressing her directly during manifestations during each full moon. People came for various reasons: health problems, infertility, money issues, evil spirits, difficult decisions, and domestic problems which reflect what is urgent in everyday lives. Kali in this shrine was known to be very efficacious, which is the primary concern for devotees (Gold 2008: 154).

Deepika and Nitin have returned to thank the goddess for Hari's birth on the last day of Navratri, also known as Dashera, a Hindu festival celebrating the triumph of good over evil. They will pay the price for the goddess' efficacy in giving them a child tomorrow—a goat—but this evening we sit to meet the goddess in person. A full moon enlightens the yard and makes the electrical bulbs, that hang on bare wires in various locations outside the two mud houses, seem pathetically weak. Four men appear from somewhere, sit with their backs facing the temple and start banging the metal plates with wooden sticks in a soothingly rhythmic manner. Slowly, people gather and a relatively large audience forms in front of the temple. Deepika and Hari sit down in the first row to observe the activities in closer proximity; I sit towards the back, slightly scared of Kali's power—I have seen numerous possessions in Chandpur but never by the goddess herself—and Deepika's sister and aunt take seats near me. This is a known spot to gather to meet Kali during each full moon, somebody explains to me. Nanaji sits in front of the audience and his son comes ready to receive Kali: he left his jeans and shirt behind and is now wearing only a loincloth. He sways gently to the plate drumming and after the anticipation of about 20 min, his bodily posture and movements change.

While possession in rural Rajasthan remains commonplace and generally unstartling (Gold 1988), this episode is unusually dramatic. Kali arrives and takes control over the son's body, voice, and desires. She demands things—perfume, lemon—and

Nanaji satisfies her requests. Kali occasionally shrieks in existentially unsettling ways and we in the audience bow our heads, hands folded to our foreheads, and whisper, *Jai Mata Di*, Hail Mother Goddess. Someone leads the possessed man's daughter from where she was standing in the doorway of the house observing the proceedings and seats her in front of Kali in her father's body. Deepika's sister leans to me to explain that this young woman, their cousin, has been possessed by an evil spirit for a while now and they are attempting once again to free her. Possession outside of ritualised contexts, where the spirit can be easily managed, has been pathologized throughout India and requires treatment (Flueckiger 2015: 203).

While seated in front of Kali, Deepika's cousin's demeanour changes and the evil spirit takes over. Kali with the help of Nanaji asks insistently 'Who are you?' They cannot get rid of the evil spirit until they know what the spirit is and what it wants. Nanaji traces a candle up and down his granddaughter's back demanding the spirit to speak. Kali and the evil spirit in the bodies of the father and the daughter sit in front of each other, cross-legged, swaying in the manner that is common amongst those possessed. They are in sync: as the daughter sways away from the father, he sways closer, swaying in tandem. Kali then takes an iron chain, five kilograms in weight, and starts beating herself on the back and on the front, eventually also incorporating the young woman: the back of the father and then the back of the daughter, with all the strength that she can gather. The intensity of this moment is lightened when Deepika's brother whispers to me that the goddess sometimes possesses Nanaji, too, and that they find these rare occasions entertaining. The evil spirit possessing the daughter remains unrecognised.

In the late morning the next day, preparations for what Deepika and Nitin have arrived for begin. They have come to introduce Hari to Kali and to sacrifice a goat in reciprocation and gratitude for granting the request they made a year ago—to conceive. Preparations similar to the previous night's ritual event take place this late morning too: Nanaji helps his son—who has no physical marks of the beatings on the naked chest from last night—to prepare to receive the goddess. Drumming and singing begin, the audience forms, and Kali arrives. Two goats are tied on the other side of the yard: one from Deepika and Nitin and one from someone else repaying for Kali's successful endeavours. While animal sacrifice has come under attack from animal rights groups in recent years and different states attempted to ban it, including in Rajasthan, where the practice has been legally prohibited since 1975, but is still practised, especially by oppressed castes, often returning to practice it from cities to village temples.[4]

An old man with a sword arrives at Nanaji's yard: he is a ritual specialist hired to do the killing in an appropriate manner. Kali is more demanding this afternoon and two men hold her on both elbows while she tries to get out of their grasp. She wants the blood, someone whispers to me. She needs to be satisfied quickly before the preparations for the goat sacrifice are made: the person hired to do the killing catches a chicken running across the yard, pulls its head off, and tosses it aside. A young man runs to him with a metal bowl, and he directs a stream of blood spraying from the chicken's neck into it. Kali is out-of-control by now and he hurries to give her the

blood. She gulps it down and calms down. We wait another 30 min for the goat sacrifice ceremony. The killing is difficult to watch: the sword that the hired man uses is not sharp enough to do the job in a single strike, as prescribed by Hindu ritual practices, so the head hangs there for a while while he cuts the remaining threads as if the sword was a knife. After witnessing the animal sacrifice for the first time in my life and being affected by this more-than-human encounter between the goddess, the goat, the blunt blade, and the net of obligations enveloping the participants and the viewers in the courtyard, I leave the public gathering to take a little walk behind the houses and miss to notice if the public reacts to the imperfect conditions within which the sacrifice occurred. Later, I find myself inside the house, next to the fire, where women are cooking the meat which is now *prasad*—blessed by the goddess—to serve for lunch to the extended family and neighbours to receive the blessings by consuming the meat and absorbing the divine essence.

Care articulates as different things throughout Deepika's journey: as reproductive violence in the private clinic, as mother-in-law's rough touch in the maternity ward, as goddess's violent intimacy in the nanihal. The goddess who helps Deepika conceive is intimately woven into her nanihal, the courtyard where the statues are buried and are slowly being extracted, and into her maternal line's familial tragedy and death. The interdependencies between Kali and Deepika's maternal family culminate in Kali's gift of conception. Reproduction, here, is undoubtedly a more-than-human affair. Obligations which bind Kali and the family are enveloped in providing and reciprocating mutual care: cleaning the temple, healing ailments, satisfying requests (for a lemon or a child), and sacrificing animals. Violence is often integral to efforts to care for each other in this relationship: the 5-kilogram iron rod which Kali repeatedly used to hit the possessed man and his daughter in order to heal harmful possession by an unknown and uninvited spirit or expressing gratitude through the sacrificing of an animal which may have been based on love (Govindrajan 2018) but which gets somewhat undermined by a blunt blade. Violence, here, does not seem to have a specific term, like obstetric violence or reproductive violence in biomedical settings. Kali's transformative capabilities are diverse: besides enabling conception, she also transforms the boundaries between and meanings of care and violence.

Deities and spirits frequently 'meddle with human affairs' in many different ways (Gold 1988: 40), but also attend to those who experience affliction and injustice (Ram 2013), respond to the emergent needs of their devotees in return for having their own desires and needs met (Flueckiger 2017), and heal social relationships and reconstitute a harmonious living (e.g. Sax 2009). Kali relieves Deepika's suffering but fails to lift her cousin's affliction. The goddess listens, responds, and attempts to resolve concerns. The goddess carries out repair work—work that 'keep(s) dwellings liveable, infrastructure working, our relationships amiable, and our planet thriving' in the face of things and relationships breaking down (Corwin & Gidwani 2021: 1).

The goddess's role in nanihal stands in stark contrast to Deepika's position within the affinal setting. The anxieties that shape Deepika's everyday life in the city are multiple and overlapping: the ambivalence of the marriage migration from a rural to an urban setting comes with its own challenges, such as the husband's gambling and

flirtations with other women. Inter-caste families live with caste-related anxieties even in urban settings where caste continues to operate as a significant marker of privileges and disadvantages (Ranganathan 2022). Reproductive anxieties and the new daughter-in-law's vulnerability get only heightened in this context. The experiences of women like Deepika illustrate that women's 'primary injustice is the failure of the family, kinship, and marital relations to provide them with the nurturance and love that their culture professes' (Ram 2013: 205). In the context of Deepika's struggles in the affinal home, the goddess's role is ever more important. Kali's transformative capabilities may go beyond helping with conception. Could the goddess be attempting to also repair the failure of the affinal family to nurture Deepika?

Unnithan-Kumar (2004: 64) writes about a healer well-known in and around Jaipur for curing infertility who invited Muslim and Hindu spirits to possess him and to heal by 'open(ing) the mouth of the womb.' While the healer did not dismiss biomedical efficacy, he did not think that infertility belonged in the realm of biomedicine. Therapeutic interventions that Deepika underwent relied on addressing the multiple layers of the affliction: surgery aimed to repair a pathology within Deepika's body by unblocking her uterine tubes and Kali aimed to repair an externally placed spell. Deepika's family was not preoccupied with whether infertility belonged in the realm of biomedicine or the supernatural. Infertility was a multi-layered problem that was socially constituted through the everyday insults that are directed at the woman struggling to conceive, which could become ridicule, harassment, and ostracism in case of long-term infertility (Mehta & Kapadia 2008). It was also a more-than-human problem: while dogs who consume the menstrual blood and evil eye can cause infertility, laparoscopes and deities can co-repair the damage. Recognising that reproduction is situated within more-than-human ecologies allows seeing that the goddess plays an important role in conception by being a part of an interconnected web of human and non-human agents affecting reproductive experiences and outcomes.

Conclusion

The fragment of a reproductive journey which unfolds in this article demonstrates that human reproduction occurs within interconnected webs of human and more-than-human agents. These reproductive worlds are structured by human-imposed social and economic inequities, particularly bearing on those who find themselves at an intersection of various vulnerabilities, for instance, young upwardly mobile women migrants who may struggle to conceive. In worlds where increasing medicalisation and continued reliance on deities co-exist and, from families' perspectives, cooperate in achieving pragmatic outcomes, living with spirits is part of contemporary urban life. Precisely because reproduction is a more-than-human affair, spirits may help some women cope with living a medicalised urban life rather than undermining it with an alternative logic. Such conceptualisation aims to contribute to making meaningful space for more-than-natural phenomena within the more-than-human turn in anthropology which has often been dominated by multispecies ethnography and attention to other 'natural' entities (Fernando 2022).

Deepika's story highlights how a range of social and economic conditions and more-than-human relations in her affinal and natal settings affect what care she receives and what forms such care takes. The ambivalences and entanglements Deepika experiences in her reproductive journey—with kin, biomedical institutions, and the goddess—correspond with the vulnerabilities that daughters-in-law continue to face in north India. The forms that care takes—reproductive violence within some biomedical settings and the goddess's violent intimacy in the village—are deeply interwoven with wider social relations amongst people, technologies, and spirits. Paying attention to the relations between human and non-human actors who participate in reproduction allows seeing more depth in how meanings of ambivalent care are constituted. Different forms that care takes and how they relate to violence unfold within complex reproductive ecologies which can support or subordinate thus infusing the meanings of care.

Notes

1. I use pseudonyms to refer to all interlocutors and most fieldwork locations.
2. I came across a woman from Karnataka who married into rural Rajasthan and was, at the time, 9 months after arrival, learning to speak Hindi and cook Rajasthani food that was demanded by her in-laws.
3. Personal correspondence with Jenn Ortegren.
4. Personal correspondence with Jenn Ortegren.

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