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## **2. Sexual Power and Fertility in Sri Lanka: Batticaloa Tamils and Moors**

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### **Introduction**

#### **Ritual and Medicine**

Recent research in South Asia has begun to explore the connections between formal systems of traditional medicine and the colourful, often varied, patterns of public and domestic ritual. Some of the results have been quite promising, demonstrating that ideas of ritual temperature, configurations of colour, states of pollution and possession, and the attributes of male versus female sexuality are often linked by an implicit ritual logic which has wide distribution in South Asia (Beck, 1969; Babb, 1975). While indigenous systems of formal medicine, particularly Ayurvedic theory, continue to exert strong influence on popular ideas of health and disease, there also seem to be significant degrees of regional and cultural variation in the way these orthodox medical traditions are interpreted (Obeyesekere, 1976). The alleviation of suffering and the promotion of health in South Asia generally involve recourse to both medicine and ritual, and the two are therefore intricately linked by compatible logics. In this paper I present information regarding indigenous understanding of the human reproductive process within a distinctive matrilineal Hindu and Muslim region of Sri Lanka. The results suggest some of the ways in which both traditional Ayurvedic medicine and the broad logic of South Asian ritual process may be integrated with variant cultural beliefs and social organization.

## A Multi-Ethnic Matrilineal Society

In the regional geography of Sri Lanka, the east coast Tamil speaking Hindu and Muslim settlements extending north and south of the town of Batticaloa are recognized as sharing a number of distinctive cultural and social structural features not found in the Sinhalese Buddhist highlands (Yalman, 1967), the south-western low country (Obeyesekere, 1967), the central dry zone (Leach, 1961), or even the northern Tamil Hindu peninsula of Jaffna (Banks, 1957; David, 1973). The Batticaloa region shares a distinctive dialect of Tamil, reflecting its physical isolation, its ecological unity, and its own historical roots, but the most strikingly different things about Batticaloa are reflected in its social structure and its cultural traditions. Leaving aside the Sinhalese Buddhist colonists who occupy new lands to the west, and the local concentrations of Christians in some of the towns, the population of the Batticaloa region is divided more or less evenly between the Tamils, who are Saivite Hindus, and the Moors, who are Sunni (Shāfi) Muslims. Both of these groups speak the Tamil language and live in adjacent, densely populated, but ethnically segregated, villages and semi-urban wards. Although there are some fishing villages, the majority of the population live by cultivating wet-rice on tracts of land located inland to the west, across the many lagoons which penetrate the region. The data presented in this paper were gathered primarily in the multi-ethnic town of Akkaraipattu (population 25 000, in Amparai District) and in the rural vicinity of Kokkatticolai (in Batticaloa District), the latter being typical of the dispersed, mainly Hindu, villages and hamlets situated farther inland (see also McGilvray, 1973, 1974, and in press).

The Hindu Tamils of Batticaloa are divided among major castes ranging from Mukkuvar and Vēlālar Cultivators and Viracaiva Kurukkal Priests at the top end of the hierarchy, through Fishermen, Smiths and Toddy-tappers in the middle, to Barbers, Washermen and Paraiyar Funeral Drummers at the bottom. The most unusual features of this caste system are the principles of matrilineal caste affiliation, the sanctioned intermarriage between some high castes in some localities, and the existence of a traditional Viracaiva (Lingāyat) sectarian priesthood instead of the usual Hindu Brahman caste ritual experts and pandits. Kinship for the Tamils and the Moors follows the Dravidian structure discussed by Yalman (1967), which features a bilateral cross-cousin marriage preference. Within each Tamil caste, and within the Moorish community as a whole, one finds a number of dispersed exogamous matrilineal clans (*kuṭi*) which have an important role to play in the management of Hindu temples and Muslim mosques. Marriage

throughout the region is based on a matri-uxorilocal residence pattern in which, following a wedding in the bride's house, the married couple continue to reside with the bride's parents and unmarried siblings. Later, the married daughter takes full possession of the natal house in fulfilment of her dowry, while her parents and some or all of her unmarried siblings move to another house nearby. Today inheritance is chiefly channelled through the daughters' dowry, and sons await the usufruct of the property their own brides will bring in marriage. Although matrilineal organization in the Batticaloa region lacks the corporate solidarity of the classic joint matrilineal households (*taravād*) of Kerala, there is widespread recognition of the principle of matriliney (*tāy valī*, "mother-way") and of the special importance of maternal relations. This is not merely fortuitous, for the social structure of the Batticaloa region has historical connections with the society of the Malabar Coast.

## Indigenous Medical Theory

Although the Batticaloa region as a whole preserves many distinctive cultural traditions, the spread of Western science and medicine, the availability of books and periodicals published in Colombo, Jaffna and Madras, and the growing sense of cultural unity within the larger Tamil speaking world of Sri Lanka and south India all exert increasing influence upon popular thinking in the realms of politics, religion, and traditional medicine. While Batticaloa is a "matrilineal non-Brahman" culture area, the rest of Tamil speaking Sri Lanka, as well as practically all of Tamil Nadu in south India, is patrilineal in emphasis, giving greater salience to Brahmanical orthodoxy in ritual and belief. It was not surprising, then, that people with whom I spoke occasionally found themselves in a conceptual muddle when it came to explaining the role of paternal versus maternal elements, or reconciling Ayurvedic and Western medical theories, in discussions of conception and childbirth. Nevertheless, consensus was quite strong on most points, and a picture of ethnophysiological belief in Batticaloa can now be presented. This information was elicited from a wide range of people, both Hindu and Muslim, but the largest number were local non-Western curing specialists who practise a variant of the Ayurvedic medical system.<sup>1</sup>

At the outset it should be mentioned that people in Batticaloa uniformly classify traditional and modern knowledge about the functioning of the body and the treatment of somatic disorders through the manipulation of daily regimen and diet, and the application of curative



Fig. 1. The office of a Tamil Ayurvedic physician in Tambiluvil, eastern Sri Lanka. Some traditional palm-leaf medical books are piled on the upper right-hand shelf, while his own herbal compounds and oils are stored below.

substances, under the general heading of *vaittiyam*, which corresponds quite closely to our Western category of "medical knowledge". The local belief system, however, is pluralistic, accommodating several other systems of etiology of illness, including astrological influences, the curse or blessing of particular gods and goddesses, the intercession of Muslim saints, and the use of various techniques of sorcery which typically entail possession by one or more low, but extremely malevolent, demons. The fundamental processes of human reproduction are subsumed under *vaittiyam*, medical knowledge, but supernatural influences of various sorts may impinge to disrupt these natural processes. There is no division between Hindu and Muslim folk medicine, although supernatural beliefs are somewhat different.<sup>2</sup>

### Blood and Humoural Balance

Blood, which in some parts of South Asia is reported to have extremely important symbolic associations as the locus of caste purity and caste rank, is seen in Batticaloa as the immediate source of health and vitality but is conceptually disjunct from questions of caste. *Irattam onru t̃ān*, "blood is all the same", I was told. If different castes had different kinds of blood, said one man, each group would have to receive separate kinds of medication for identical symptoms. The rank and privileges of the different clans, castes and communities in this region are quite clearly marked, but they do not receive conceptual validation in terms of the "purity of caste blood".<sup>3</sup> However, blood (*irattam*, *utaram*) is definitely recognized to be the primary transformation of food within the body, the source of all bodily substance and strength. An idealized digestive process was often outlined to me as follows: food, which in Sri Lanka is epitomized by boiled rice, is taken into the alimentary tract and converted to *annaracam* or chyme, which in turn is separated into waste (*malam*) and blood. It is the strength and quantity of the blood which accounts for the strength (*pelan*, *cakti*) and growth (*vaḷarcci*) of the body. The English word "force" (*pōs*) has crept into the local Tamil vocabulary, and it is sometimes used in describing the condition of the blood. In this context, the term *pōs* evokes at once the vitality, the volume and the hydraulic pressure of the blood in the arterial system. The process of physiological maturation from infancy to adulthood is seen as a direct consequence of the increasing "force" of the blood in the body, and the process of aging and senescence is likewise believed to be a result of an overall decline in the condition of the blood.<sup>4</sup> "My blood has dwindled away" (colloquially, *irattam kuraiñci pōyṭtu*), remarked my elderly Tamil landlord one morning when his rheumatism

was acting up. The blood may be weakened in many other ways: it may be thinned-out, mixed with impurities, or (despite the fact that blood is always intrinsically "hot") it may become overheated, resulting in a condition called *irattakotippu*, "boiling-over of the blood". In fact, despite the reduction of their blood, the elderly do not necessarily "cool off" (see the section on "Contraception: Traditional and Modern" below).

The nature of one's diet, the features of one's environment and the elements of one's daily regimen all have effects upon the internal state of the body, and all these factors are related, with varying degrees of sophistication by different informants, to the influence of the three Ayurvedic humours (*muppiṇi*): namely, *vātam* or *vāyvu* (wind, the source of motion), *pittam* (bile, the source of heat) and *cilēṛpanam* or *cilēṭṭumam* (phlegm, the connective or aqueous humour). Professional Ayurvedic physicians are capable of recognizing extremely subtle and complex combinations of humoral influences, but for most ordinary people in Batticaloa, there is paramount concern for environments, substances and foods conveying the three following qualities: *cūṭu* (heating), *kulir* (cooling) and *kiranti* (eruptive). These qualities do not necessarily coincide with physical properties (e.g. ice is considered to be "heating"), and technically *kiranti* may be a variant of *cūṭu*. However, these are the categories of everyday household concern, and more elaborate diagnosis is referred to the local specialists. As one might expect, the ideal of bodily health is an equilibrium of these qualities: not too much heat, not too much coolness, not too much eruptive quality. When an imbalance is detected, compensations are made in diet and regimen.

The "heating" and "eruptive" qualities so strongly associated with specific substances and physical conditions can also be engendered in the body through supernatural agency, especially through the anger and displeasure of those fierce female deities so commonly associated in South Asian religion with disease and drought. The cult of such goddesses (*Māriyamman*, *Pattirakāli*, *Turōpatai* and *Kaṇṇaki* being the chief local deities, while lesser known goddesses may be worshipped in domestic rituals) emphasizes their anger and heat, and it is a major objective of the calendrical festivals to pacify and cool them. A very severe outbreak of dermatological pustules or eruptions of any kind, particularly if it occurs on the head or face, is usually taken as the "sign" (*kuṛi*) of an angry goddess' physical presence in the body of the patient. At that stage, application of any cooling substance except margośa leaf is futile and possible insulting to the goddess; there is little one can do but reverently wait for *ammāl* (a generic "mother goddess" epithet) literally to "climb down" (*iṛaṅku*) from the head of the patient.

There is a connection, demonstrated for other parts of South Asia by Beck (1969) and Babb (1975), between the imagery of such ferocious goddesses and the popularly received understanding of unmarried (hence unconstrained) womanhood. At the most abstract metaphysical level, Hindu thought links the male principle with coolness, form and transcendence, while the female principle is linked to heat, energy (*cakti*) and worldly action. The male and female aspects of the universe should theoretically operate as a balanced unity, but there is nevertheless a widespread androcentric preoccupation in South Asia with containing and controlling female energy. This theme is reflected in what my Batticaloa friends said about adolescence and sexual maturity.

### The Control of Sexuality

As a child grows toward adulthood, its intake of food sustains the steady production of blood, from which all other bodily substances are produced. But as the body approaches its adult size and form, the body no longer needs to convert so much blood into flesh and bone, and consequently a surplus of blood starts to become available. It is at this point that sexual maturation occurs. Puberty is more dramatic and sudden in the case of girls, because, according to local belief, females produce more blood than males. This fits with the metaphysical notion of *cakti*, energy associated with females, since blood is the locus of bodily energy par excellence. The onset of a girl's first menstruation is both a result of, and a proof of, the fact that her body now has excess or waste blood (*kalivirattam*) to dispose of. One view is that her "blood sac" (*irattappai*) gradually fills and then spills out at menstruation. Not all informants were able to offer a cogent explanation of the menstrual cycle, but there was considerable agreement that, without it, women would have dangerously high levels of blood in their bodies, much higher than those of men. The monthly flow of menstrual blood is said to be a safeguard, instituted by Lord Civa, insuring that a woman's natural surplus of blood (and hence physical strength and vitality, including sexual desire) is regularly drained away, allowing men to retain control over women. One local Hindu Ayurvedic practitioner asserted to me: "If it were not for her monthly period, five men could not hold one woman down!"

Blood is also the source of the sexual fluids: hence, it is only when a person reaches puberty, and excess blood is being produced, that sexual feelings are believed to arise. Pre-pubertal children of both sexes are considered to be intrinsically pure of body and mind, and they are often given special roles to play in Hindu ritual because of this. Boys



Fig. 2. Image of a Tamil Hindu "mother goddess", embodying the universal principle of female energy (*akti*). The fangs and crimson colour of this statue suggest the ferocity and "heat" of the goddess, while the children in her arms show her capacity to act as a nurturant and protective mother. From Rameswaram, Tamilnadu.

achieve puberty and sexual maturity through the same process that causes girls to begin to menstruate, but their maturation is considered to be more gradual. The cultural and emotional recognition of adult manhood occurs much later than adult womanhood, often as late as age 25 or 30. For one thing, males have less blood to spare, and there is great concern that male blood be conserved and utilized for later strength. The occurrence of seminal emissions among boys in adolescence is, like the start of menstruation for girls, an indication that the body has finally begun to produce excess blood. This follows the widespread South Asian belief that semen is a refined form, or as my informants put it, an "ambrosia" (*amirtam*) or a "distillation" (*vatippu*) of the blood, in accordance with a traditional ratio of volumes, usually 40 or 60 drops of blood producing one drop of semen. There seems to be no specific organ of seminal production except, perhaps, the brain itself, which is also the place where semen is stored and conserved.

The loss of semen through sex, masturbation, or nocturnal emission drains the body of valuable blood, while the retention of semen, particularly during adolescence and young manhood, promotes a man's physical, and ultimately his spiritual, development. The body of an ascetic young bachelor (*piramacāri*) should glow with good health. This agrees with fundamental South Asian yogic theory and was widely accepted by the young unmarried men I met during fieldwork. There is, in fact, an ominous proverb: *vintu vittān, nontu cettān*, "He spilled his semen; he was wounded and he died." The intensity of sexual desire is proportional to the rate of excess blood production and the amount of semen which has accumulated in the cranial reservoir, so in theory, a young man's desire entails its own incentive for asceticism (but see Carstairs, 1957, for the anxieties this may produce). Throughout the Tamil cultural area, the virtuous form of female control, which complements male sexual control, is "chastity" (*karpu*), implying supreme modesty and sexual fidelity. Hart (1973) has shown that the mystical power of female chastity (concentrated particularly in the breasts) has been a theme in Tamil literature since the first centuries A.D., while O'Flaherty (1969) has traced the intimate connection between ascetic and erotic ideals in Saivite mythology.

### Through Puberty to Adulthood

For a girl, the passage into fertile, marriageable womanhood is, in principle, a cause for satisfaction and an opportunity to augur her future marriage and fertility. This passage also marks the beginning of the

most stringent safeguards for her chastity and for the reputation of the whole family, since virginity is considered essential in a bride. There is ethnographic evidence which indicates that traditionally, despite some differences in the scale and content of the rituals, both Tamils and Moors celebrated female puberty in a broadly similar fashion, but today the two communities have quite different public reactions to the onset of menstruation. The Tamils extend their personal satisfaction into a conspicuous ritual celebration to which are invited neighbours, kinspeople, visiting anthropologists, indeed anyone within range of the blaring loudspeaker. The Moors, on the other hand, seem nowadays to be more concerned with the liabilities and proprieties of having a nubile unmarried daughter in the household, and so they avoid any public ritual which might draw attention to her changed status, particularly if they wish to keep her enrolled in a government school.

### Tamil Rites of First Menstruation

A number of Tamil expressions for the ritual of first menstruation incorporate the word *kaliyāṇam*, which is also the most common term for wedding. A *kaliyāṇam* is actually any joyful, auspicious celebration, of which the epitome is a wedding. The auspiciousness of a daughter's entrance into womanhood, and the immediate connotations of marriageability which it suggests, account not only for the use of the expression *kaliyāṇam* but also for some of the explicit similarities between the puberty ritual and the wedding ritual. A formal observance of the rituals of first menstruation among the Tamils is often called a *rutukkaliyāṇam* (Tamil *irutu*, menstrual discharge), a *camarttiyakkaliyāṇam* (Tamil *camartti*, to fill or to complete), or simply a *periyappillaiykkaliyāṇam*, "big girl *kaliyāṇam*". People may say of a girl who has commenced to menstruate that she has "gotten big" (i.e. has matured), that she has "become knowledgeable", or that she has "flowered". A few brash young men were even heard to remark that such a girl was "fully cooked".<sup>5</sup>

Menstruation, along with birth and death, is considered to give rise to a temporary state of ritual pollution. A general word for such pollution among the Tamil Hindus is *tutakku*, and the roughly equivalent Moorish expression would be *mūlukku* (from *mūluka*, to bathe completely). The pollution arising from the very first menstruation is considered to be especially severe, so one aim of the female puberty rituals is to contain and to remove this extraordinary contamination. A second aim of the rituals is to protect the newly matured girl from various malevolent forces, including voracious spirits and the evil eye, which pose extra hazards to the girl at this vulnerable transition-point in her

life. A third goal served by the puberty rituals is to launch the girl into womanhood with the greatest degree of auspiciousness, celebration and good fortune, in the hope that these benign influences will carry over into later life. A fourth, but unstated, goal of these rituals is to advertize the marriageability of the nubile daughter, to activate promising kinship ties to marriageable cross-cousins and to demonstrate the wealth and standing of her family through conspicuous expenditure and generous hospitality for the invited guests. The Tamil Hindu ritual of first menstruation follows a basic sequence: (1) first indication, (2) first ritual bath, (3) seclusion period with special diet and protective measures, (4) second ritual bath and (5) domestic celebration.<sup>6</sup>

*Reading the First Signs.* The exact time of the onset of first menstruation is carefully noted, for it forms the basis of a necessary astrological computation to determine the auspicious time for the rituals which will conclude the period of seclusion and pollution. In some localities, astrological calculations also supply auspicious times for other parts of the ritual sequence. In every case, the astrologer will be expected to cast a horoscope for the puberty girl; this does not supplant the horoscope which is cast for every child at birth, but it does provide a "revised forecast" of the girl's marriage prospects, some vague clues as to the provenance and qualities of the likely groom and a projection of the number and sex of her offspring. It is considered inauspicious and unlucky for the girl to notice the first menstrual stains herself or for them to be noticed by a widow, an unmarried woman, or a man; it is best if they are first noticed by the girl's mother or by some other married woman with living children. There is a proverb: *tāṇ kaṇṭāl kurram*, *tāy kaṇṭāl nallam*, "If you see it yourself it is a flaw, but if your mother sees it, it is a good thing".

*A Quick Bath.* The first ritual bath (*taṇṇir vārkiṇatu*, "pouring of water") generally takes place the very same day that the menstrual flow is detected: it formally commences the purification and ritual transformation of the girl. In rural Kokkatticolai this is embellished with astrological computations and is announced with firecrackers in the streets, but in most parts of Batticaloa, the first bath is a hastily and quietly conducted affair with close kin and neighbours on hand to render assistance. The regular household Washerman of the Vaṇṇār caste is instructed to bring the necessary clean cloths and saris and to take away as a gift the polluted clothes worn by the girl when she began to menstruate. As a professional remover of pollution, the Washerman is an indispensable ritual specialist in puberty rites, and he stands to be generously remunerated with gifts of clothing, food and liquor.

A cloth is held up to shield the girl from onlookers while a group of *cumaṅkali*-s (auspicious, married women with living husbands and children) bring brass pots of water, mixed sometimes with turmeric and *aruku* grass, which one of the women then pours over the girl's head. There will be five or seven women, each with a pot, but there is no precise rule as to who they should be. Generally women such as the girl's mother's sister, her mother's brother's wife, or various "grannies" will serve in this role, but non-kinswomen are sometimes called; women of the girl's own household share her pollution and will not normally do this. There may be some variation between castes as to the degree of kin-role specification involved in this ritual. An untouchable Paraiyar Drummer with whom I spoke said that the bathing of the girl should be done specifically by her female cross-cousins, and Moorish sources said the same thing (see the section on "Moorish Rites in Comparison"). The bathing takes place on a plank and cloth laid on the ground not far from a doorway into the house, and men should avert their eyes. The girl deftly removes her soaked sarong, exchanges it for clean clothing brought by the Washerwoman, and is ushered into the house to begin her period of seclusion.

This first bath at least marks the beginning of her transition to womanhood and, as with other such beginnings (e.g. beginning of a new year), it is thought to augur well for the forthcoming enterprise if the first things the girl sees are beautiful, sacred and auspicious. Therefore, the girl will be asked to keep her eyes closed or downcast until she enters her seclusion room where she deliberately views a number of auspicious items which have been set out for her. This procedure is referred to as *kaṇ mulikkiratu*, "opening the eyes" and glimpsing something lucky, such as a pot of water decorated with mango leaves and a coconut (*niṇṇai kuṭam*), a fresh coconut flower (spadix), or a gleaming oil lamp. Sometimes the first ritual bath mirrors in considerable detail the more fastidious conduct of the second ritual bath; both performances are felt to be essentially the same in terms of aim and content, but the second, being the culminating event, is typically more elaborated.

*Pollution and Diet: Dangers of Hotness.* There is some degree of variation in the length of the seclusion period. In some localities the final bath takes place on or around the 31st day, which coincides with the standard Hindu pollution period for childbirth and death in the Batticaloa region. Other households are known to conduct the final bathing on the 7th, 9th, or 11th day in accordance with the astrologer's advice, which coincides more closely with the observance of ordinary menstrual pollution. In typical three-room houses facing east, the puberty girl oc-

cupies the northernmost room; in houses facing south, the easternmost room. This room is colloquially called the *cāyppūtu* ("sloping or leaning room", possibly referring to roof design or construction) or the *maṅcūtu* ("bedroom"), and it is where childbirth also takes place traditionally. In the more isolated rural areas of Batticaloa, it is still the custom for members of the household to twist a length of paddystalk rope (*puri*) and fasten it across the yard to delineate the area of pollution at the northern or eastern end of the house. In addition, the Vaṇṇār Washerwoman ties a piece of white cloth to the roof of the house which serves as a visible warning to prospective callers. The girl is confined in her room with the shutters closed, but she has the constant company of the women and girls of her household and frequent visits by her girlfriends and female cousins. She must not be left alone, and she must take constant precautions against lurking spirits and sources of the evil eye. Spirits (*pēy*, *picācu*) are attracted by blood, particularly the "virgin blood" (*kaṇṇirattam*) of the puberty girl. A general-purpose prophylactic against spirits is iron, so the girl will carry an iron object, such as an arecanut cutter (*pākkuvetti*), on her person at all times, especially when she goes to the spirit-infested rear of the compound to urinate or defecate, or when she attends to ordinary bathing during the period of seclusion. The most common remedies for the evil eye are the drinking of water charmed with magical formulae and the display of marks and objects which catch the eye and serve as "lightning rods" for the evil eye. The evil eye (*kaṇṇūru*, *kaṇ paṭukiratu*, *tirushṭi*) can be transmitted unwittingly by anyone whose admiration or envy is aroused at a pleasant sight. This poses a dilemma for the puberty girl's family, whose desire to place the girl "on display" must be counterbalanced by attention to rituals which detract or remove the evil eye.

Diet for the girl during her seclusion period, and possibly for some time afterwards, is strictly controlled. Many of these foods are "cooling" in terms of their humoral value, and the cultural implication is that the girl is "hot". Blood is "hot", and the newly menstruating girl naturally picks up the heat of her overflowing blood, so one aim of the diet is to cool her body. There is also a desire to soothe her bleeding and to assist her "wound" to heal. For this, foods with *kiranti* (eruptive) quality are especially forbidden.<sup>7</sup> The ubiquitous tonic for the puberty girl is raw egg followed by an eggshell full of margosa oil administered right after the ritual baths, as well as intermittently during the seclusion period. All the products of the margosa tree (*Azadirachta indica*; Tamil *vēppamaram*) are cooling, but extremely bitter, so the oil (*vēppenney*) is commonly poured down the throat over a betel leaf after the egg has been swallowed. I was never given a complete theory of eggs, but they

are considered to be very nutritious, probably a concentrated and refined form of blood akin to most reproductive fluids, and some people felt they had less gross humoral "heat" than meat. The consumption of raw eggs is always considered more nutritious than that of cooked eggs, and there is probably also an analogical assumption that, by eating raw eggs, the puberty girl will enhance her own fertility. No form of meat or fish is allowed during seclusion.

The particular form of carbohydrate favoured during the seclusion period is *pittu*, a compressed and steamed mixture of rice flour and grated coconut, to which is sometimes added a bit of black gram flour (*uluntu*). This steaming, crumbly *pittu* is a reasonably common form of breakfast food under any circumstances, but in the case of the puberty girl, it is mixed with sesame oil (*nallenney*) or margosa oil and wrapped up as a hot pack (*ottanam*) which is applied all around the girl's waist. She usually eats at least a bit of these hot packs afterwards, and everyone agrees that this treatment, together with the margosa oil, will lessen the girl's menstrual aches and cramps now and in the future. Although these packs are calorically hot, they are humourally "cool", and their purpose is to reduce the dangerous heat concentrated in her waist and loins.

Margosa, sesame and black gram are all "cooling" substances which are used in puberty seclusion. Except for eggs, the diet is completely vegetarian, with special favour shown towards relatively unspiced curries made with tender (cool) vegetable sprouts (*piñcu*, e.g. green bean, eggplant, drumstick) and sesame oil instead of coconut milk. In fact, no milk or yoghurt of any kind is permitted, although some forms are admittedly very "cooling". The justification is vague, citing a tendency for milk to inhibit the healing of wounds or to cause diarrhoea. A number of highly eruptive (*kiranti*) foods, such as pineapple and cashew-fruit, were ruled out because they would clearly aggravate the "wound", and some kinds of tubers were also mentioned for their dangerous "windiness" (*vāyvu*). Whole kernels are considered the most nutritious form of rice, but foods cooked with rice flour are thought to be easier to digest, so the puberty girl receives lots of rice flour sweets, rice flour puddings and rice flour cakes. Chillies and other spices which are normally considered essential to the flavouring of curries are eliminated from the diet, too, because they are "heating". Salt is reduced or eliminated, but the only parallel I could find was with the elimination of salt from food offerings to the gods, where salt has associations with the mundane, the earthly. It may connote here simply a heightened sense of ritual occasion. Jaggery is favoured over refined sugar, apparently reflecting the fact that jaggery is cooling, while refined sugar is a modern product with no humoral valence in

the traditional system. Turmeric in the form of paste is applied regularly to the girl's face and limbs; it is a very cooling substance felt to have value as a cosmetic (the yellow shade it imparts is seen as "whiteness") and as a medicine which counteracts pimples and blemishes. Its cooling and anti-eruptive qualities are also made use of in Hindu firewalking ceremonies, where the bodies of the devotees are smeared from head to toe with tumeric paste, and it is a very common purifying substance in Hindu ritual generally (Beck, 1969, p. 559).

*Kaliyānam: Final Bath and Celebration.* The day and exact time of the final ritual bath are authorized by the astrologer, and it is the events which transpire on this occasion which justify the term "wedding" (*kaliyānam*). The house is purified by sprinkling tumeric water and, traditionally, smearing a fresh coat of cow dung on the floor. The house is then decorated with the hereditary marks of honour (*varicai*) associated with different castes and matrilineages, and in front of the house a *pantal* (temporary framework of wood and cloth) has been erected to shelter the guests. These are duties traditionally performed by the Washerman, but I have also seen the job done by members of the household, and in one case entirely by women, who were having a very gay time of it. This is an event in which women enact the major roles and men are either supporting players (e.g. the Vaṇṇār Washerman) or detached onlookers and guests. At the auspicious moment, the girl is led out of the house to the spot where the basic sequence of the first ritual bath is repeated, but with generally greater attention to detail. This time the auspicious women who carry the pots of water may make a point of filling the pots silently and reverently, they often bring the pots in a mini-procession under a cloth canopy (*mērkattī*), and they may each wear a white cloth on their head, supplied by the Washerman. These or similar cloths will be used to cover the mouths of the full water pots prior to the bath. One or more of the pots will contain *mañcanir* (tumeric water with *aruku* grass) and possibly a bit of sea water (also purifying). Sometimes a herbal infusion-pack (*arappu*), prescribed by the astrologer to counteract unfavourable planetary influences (*kirakatōsham*), will be placed on the girl's head while the water is poured. The custom is no longer always observed, but traditionally in the Akkaraipattu area a full measure (*marakkāl*) of paddy and a quarter measure (*nirainālī*) of rice should be placed beside the bathing spot to be taken away by the Washerman along with the wet bathing garment.<sup>8</sup>

In the Kokkaticcolai area the custom is to circle five or seven boxes containing *pittu* (steamed rice flour and coconut) and *kālī* (rice flour pudding) around the girl's head immediately upon completion of her



bath. Ritually, these boxes of food transfer lingering pollution and evil eye from the puberty girl to the Washerman, but they also constitute one of the major payments for the Washerman's services. For this reason, the ritual of the final day is referred to in this area as the *pittu kali celavu*, "pittu and kali expenditure".

At this point, if not earlier, the puberty girl is joined by a much younger girl, usually one of her cross-cousins, who has been designated her "companion girl" (*tōlippen*) and whose duty it is to accompany the girl everywhere as a sort of walking decoy for the evil eye. Once the girl has hastily donned some clean, dry clothing, she is ready to celebrate her new status by dressing as a mature woman in an elegant sari and borrowed jewelry for the first time. She also must be presented with the *ālatti*, a series of decorated tapers which are lit and circled around her body to detract and remove the evil eye. And she must make her ceremonial first entrance into the house as a mature woman and have another "auspicious first glimpse" of the items set out for this purpose. In one instance, I saw that she was given yet another dose of margosa oil and raw egg, plus sesame oil, a bit of turmeric paste and, finally, betel leaf and arecanut to chew to remove the awful taste from her mouth. The sequence of these final events, however, can vary a good deal. I have seen the *ālatti* tapers waved around the girl while she remained standing on the bathing plank, and I have seen them waved after she has been completely dressed in her formal sari and jewelry. In general, the *ālatti* immediately precedes what is deemed to be the ceremonial first entrance of the new woman into the house through the front door, in spite of the fact that she may have dodged into the rear of the house to get dressed. There will be five or seven or nine *ālatti*-s, usually a sequence of colourfully decorated designs in dough, each with a decreasing number of wicks imbedded. A suitable senior woman, perhaps one who helped with the bathing, waves each burning *ālatti* in front of and around the girl, then sets it aside for the Washerman to take away. There is enormous variety in the types of *ālatti*-s fashioned by women of different households, but they are all presented in an order of diminishing brilliance, with the aim of drawing the evil eye away from the girl and then extinguishing it. The girl sometimes then tosses two betel leaves backwards over her shoulder to further jettison the evil eye and walks immediately into the house on a carpet of pure cloths laid down by the Washerman. Once she is inside the house, has completed her auspicious glimpse, and has eaten her prescribed foods, she is put on display in all her finery. A temporary decorated seat is provided for the girl and her *tōlippen*, and together they receive the gifts and felicitations of the guests who have come to

the celebration. Nowadays even poor households will seek to hire a loudspeaker to advertize the happy event with well-worn cinema music, and in some places drummers and shawm-players of the Nattuvar Musician caste are booked for the occasion. A full meal of rice and curry is prepared for the guests, and the household basks in satisfaction at the removal of the girl's pollution and her emergence as a woman. Throughout the seclusion period, and during the celebration of the final bath, it is expected that the girl's female cross-cousins (her mother's brother's daughters, father's sister's daughters, and classificatory extensions) will indulge in some lighthearted "turmeric-play" (*mañcal vilaiyāttu*) amongst themselves when they visit the house, and this may be duplicated amongst cross-cousins in the parental generation, too. Although I never witnessed much of this, it was at least widely joked about, and it reflects the heightened awareness of possible marriage connections with the girl's potential sisters-in-law. A modern touch which is sometimes added to the whole affair in recent years is the distribution of formal printed invitations to attend the puberty ceremony. In such instances, the language of the invitation is suitably elevated, and the ceremony itself might be billed, for example, as a "sacred ameliorative water-anointment" (*tiru cānti nīrāttam*).

There are a number of explicit parallels between the puberty rituals and the Tamil Hindu wedding rites which any one will happily point out. The house is decorated in the same manner as for a wedding and is loosely called a "wedding house" (*kaliyāṇa vītu*). The attire of the newly purified puberty girl is often as lavish as a bride's, and the sari is often the appropriate colour (red or pink). The waving of the *ālatti* and the tossing of betel leaves occurs in all weddings just prior to the ceremonial entrance of the bride and groom into the house. In fact, the house at which both rituals take place is often the same, since marriage is matri-uxorilocal. Once inside, the puberty girl sits upon a specially decorated seat called, figuratively, a "wedding chamber" (*maṇavarai*), just as the bride and groom do after their nuptials. The puberty girl has her cross-cousin "companion girl" or "bridesmaid" (*tōlippen*) who safeguards her, and a bridegroom has his male cross-cousin "groom's companion" (*māppillai tōlan*) who accompanies him in procession to the bride's house for the wedding. In the most elaborate puberty ceremony I ever witnessed, the sari to be worn by the girl after her final bath was brought in procession with musical accompaniment from her father's sister's house, and the sari was carried in a *kūraipetti* (bridal sari box) along with boxes of sweets just as it would have been carried by the groom's party to the bride's house for a wedding. At the gateway to the girl's household compound, a customary "meeting"

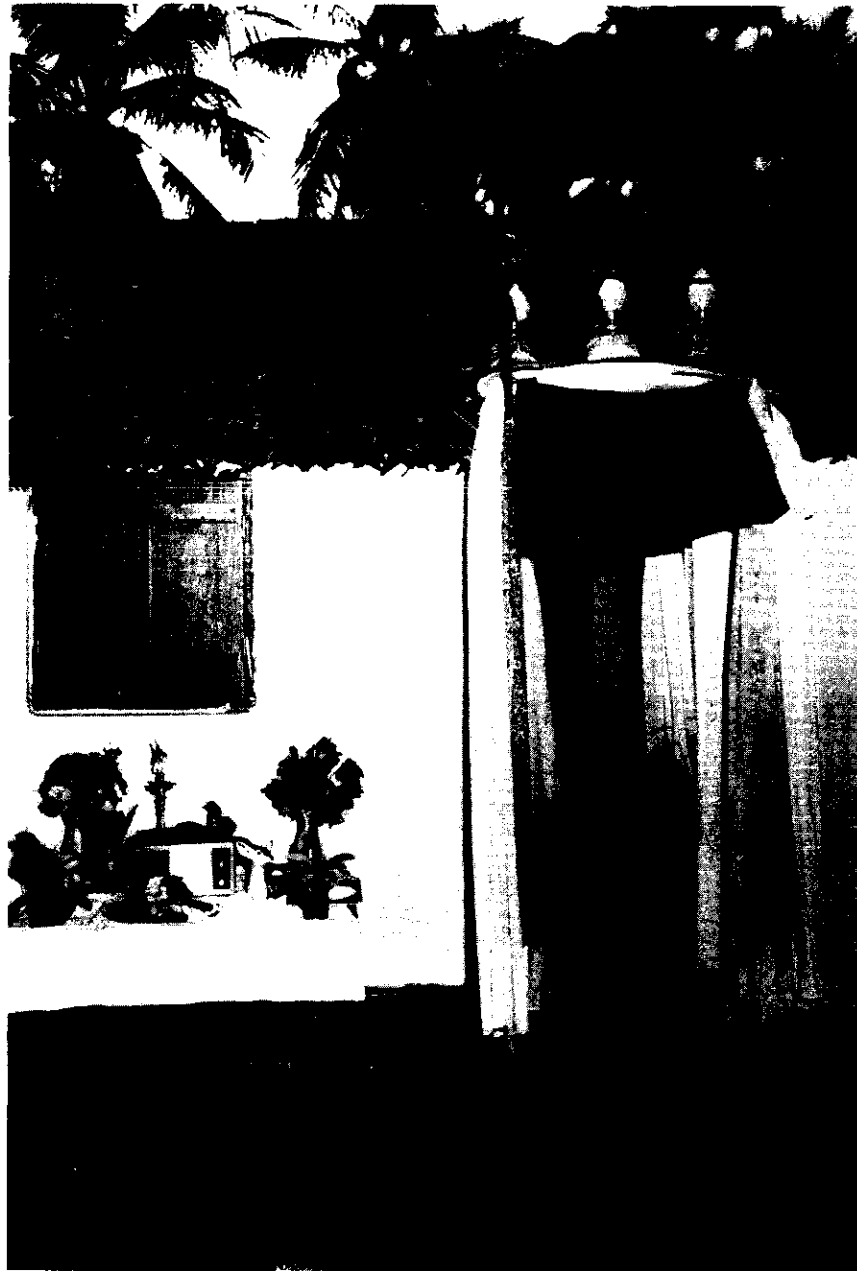


Fig. 3. A house decorated for the final stage of a Tamil Hindu girl's ritual of first menstruation in eastern Sri Lanka. Cloths and brass pots over the doorway indicate her family's caste and clan status as well as underscoring the symbolism of re-entry into the house as a mature woman. Items on the table, including a new transistor radio, are a combination of the auspicious and the decorative.



Fig. 4. An auspicious married woman with living husband and children is chosen to pour the water during the girl's final ritual bath. Usually seven pots of water are drawn from the well, and the bathing takes place in a temporary enclosure beside the house. In some households the girl stands on a rake as extra protection against lurking spirits.



Fig. 5. After the final bath, the girl is dressed for the first time in full mature women's attire. Insofar as possible, she is made to look like a bride, with a pink or red bridal sari and heavy gold jewelry. Here, the adorned girl holds an auspicious *kumpam* pot, while the older women wave the *ālātti* (a sequence of lighted tapers) to honour her and to draw away the evil eye, as would also be done at a wedding.



Fig. 6. Immediately after the *ālātti* has been waved, the girl enters the decorated doorway of the house a purified and fertile woman: she is accompanied during the rituals by her "companion girl", a young female cross-cousin who insures that she is never alone and who serves to detract the evil eye from the puberty girl herself. Inside the house they sit on a decorated throne and receive gifts and greetings from relatives and well-wishers, including potential affines.

ritual (*cantippu*) to hand over the sari was staged between two women, one representing the group bringing the sari and the other representing the girl's household, just as occurs at a wedding celebration.

### Moorish Rites in Comparison

The prospects of finding a quick and suitably prestigious match for one's nubile daughters are increasingly dim these days for both the Tamils and the Moors, and this is reflected in the rising national average age of women at marriage. But while the Tamils seem to feel that a daughter's puberty is both an auspicious rite of passage and an opportunity for her to "come out" publicly as a marriageable woman, the Moors seem to treat it, publicly at least, as an embarrassment. Moorish people with whom I spoke, who were generally wealthier farmers and professionals, voiced anxiety at the thought of what other families would say of them, having several mature unmarried daughters still sitting at home. I knew just as many Hindu Tamils with unmarried daughters, but while they may have felt despair, they did not express such a feeling of shame.

There is no public observance of female puberty rituals among the Moors in the major coastal settlements at this time as far as I am able to determine, but older people clearly remembered the ceremonies during their lifetime. Historical data is difficult to obtain, but I suspect that Moorish modesty about female puberty has grown in recent years in response to the spread of greater pan-Islamic consciousness. There is a feeling, particularly among the more middle-class Moorish families, that Islamic respectability requires greater attention to the seclusion of women, and this naturally makes the Tamil female puberty ceremony seem, in contrast, like an immodest spectacle. In the wake of intermittent Hindu/Muslim communal riots in parts of the Batticaloa region in recent years, the Moors have also deliberately banned some traditional customs which seemed to link them too closely with "Hindu" cultural practices. Female puberty ceremonies may have been influenced by this tension. Having adopted a general strategy of modesty and seclusion towards their mature daughters, the Moors can only be tempted to intensify this trend in face of an unfavourable marriage market. There is very little scope for the employment of Moorish women outside the home except among the poorest families, who must permit their women to work in weeding brigades in the paddy fields or in handloom workshops. A daughter's first menstruation is now a source of chagrin to Moorish parents who would prefer to keep her in school or who would prefer that she could travel more freely. One solution

is simply to keep quiet about menarche and hope that the gossip can be minimized.

The traditional Moorish rituals of first menstruation, as described by various people, are simpler than those for the Tamils, but they are basically similar in terms of the overall sequence, the supernatural safeguards and the special diet given to the girl. On the other hand, the kinship and affinal implications of the event are given more explicit emphasis. Both the first and the second bath are administered by the girl's female cross-cousins but are not particularly ritualized. The Moorish girl's terminological (and potentially real) mothers-in-law (*māmī*), in other words her mother's brother's wife, father's sister and their classificatory equivalents, are described specifically as crucial figures in the Moorish puberty observances, while the Tamils, both in theory and in practice, are less explicit about this and seem a bit more flexible about kin-role participation. In the Moorish puberty sequence, the mother's brother's wife and the father's sister are expected to bring much of the food and raw material consumed during the girl's seclusion period. Various people described the Moorish puberty observance as an occasion when promising marriage connections with specific cross-cousins were deliberately cultivated by the girl's family, who would send special boxes of *pittu* and sweets (*ceppu*) to these households after the completion of the final bath. The idea of "tumeric-play" between female cross-cousins at the puberty house was also vividly recalled. Occasionally even a male cross-cousin was doused with the yellow pigment, and often the mischief spread to senior generations, with various grannies stalking each other at a slower pace.

From a ritual point of view, the Moorish observance of first menstruation represents a trimmed-down version of what the Tamils do, except for a few unique embellishments. The sequence of first indication, first bath, seclusion and final bath is similar, and the dietary rules are just the same. Notice of a girl's initial menstruation by a widow is considered quite harmful. The only clearly Islamic element in the entire event is the recitation of the *kālimā* ("There is no God but Allah, and Mohammed is His Prophet") by the puberty girl when she first becomes aware of her menstruation. This is the procedure to be followed at all subsequent menstruations, and it marks the beginning of the period of pollution which bars a menstruating woman from fasting, from reciting her daily prayers, or from touching the Holy Koran. The timing of the second bath, which ends the period of pollution for a Moorish puberty girl, is ascertained by the Muslim priest (Lebbe, *ilavvai*) using standard divination techniques involving the counting of betel leaves and arecanuts or using a numerological com-

putation based upon the girl's mother's name. The usual period of seclusion is said to be seven or nine days, during which the girl is never left alone and never allowed to venture outside the house without an object of iron, or a broomstick, to ward off spirits. She is given the same doses of raw egg, margosa oil and other cooling substances as a Tamil girl is given, and she also eats *pittu* and is given hot packs of *pittu* around her waist. The girl's final bath is performed by her cross-cousins while she sits on a low stool covered with white cloth, betel leaves and arecanut. The betel and arecanut are afterwards tossed on to the roof of the house. After the bath, the Moorish girl may be given an auspicious first glimpse of a mound of tumeric paste decorated with lighted wicks or a pot of water surmounted by a coconut flower. The *ālatti* used by the Moors at puberties and weddings is a permanent object of wood, tinsel and coloured paper resembling a miniature Christmas tree. One or more *ālatti*-s are waved about the puberty girl by her female cross-cousins and are then returned to their owners for re-use.

Moorish families do not seem to have followed the Tamil custom of exhibiting the newly matured puberty girl in elaborate clothing on a special decorated "marriage chamber" seat, but they definitely required the girl to take three sips of *pāl palam*, a mixture of mashed banana, coconut milk and sugar which is administered in similar fashion to both Tamil and Moorish brides and grooms after the wedding necklace (*tāli*) has been tied.<sup>9</sup> Some Moors also testified that firecrackers and *kuravai* (women's shrill joyous warbling) would announce to the neighbourhood the completion of the girl's final purification and attainment of maturity, just as they would customarily announce the arrival of the groom's party at the bride's gate.

### Ordinary Menstruation

Sometimes the puberty girl continues to receive doses of raw egg and margosa oil during several subsequent menstrual periods, in order to ensure that her menstrual cramps will not be severe in later life. On these occasions she may also be rubbed with turmeric paste to promote smooth skin and light complexion. As menstruation becomes a routine part of a woman's life, however, the ritual observances and the behavioural restrictions are reduced. The first basic restriction which is observed by most families today is that a menstruating wife or daughter must sleep apart from her ordinary bedroom or sleeping place, and keep away from her husband if she is married. In practice this means sleeping in an outer room or in a separate structure, and using separate sleeping mats or burlap sacks for temporary bedding. Some older people

mentioned special menstrual seclusion huts in the rear of the household compound, but there is no evidence of this practice today, and it is difficult to know how widespread it once was. Nowadays, a menstruating woman might simply move her sleeping place to an outer room or to an already existing shed. The arrangements involve an *ad hoc* compromise between the desire to separate the polluted woman and the concern that she be sheltered from prowling spirits who would be attracted to blood. The second basic restriction which is observed today is the rule that a menstruating woman must not draw water from a well; if she does it is said that the well water will become infested with worms (*pulu*). Many people will also state that the woman should not cook, but there seems to be tacit agreement that this is a more flexible rule. A menstruating woman should also avoid sitting on chairs or benches, but since women generally tend to stand or squat, this usually poses no extra inconvenience.

No special dietary rules are invoked during ordinary menstruation; the main concern is with the woman's state of temporary menstrual pollution, which typically lasts a week. In general terms, this is another instance of the same ritual pollution which arises at childbirth and at death and which is commonly called *tutakku*. One may allude or refer to the menstrual condition by terms such as *tittu* (this is rare, but refers specifically to menstrual pollution), *māta viṭāy* ("monthly weariness"), *tuṭṭalai* (menstrual discharge), *talai mulukkiratu* ("dousing the head" i.e. taking the required full bath), *viṭṭukku tūram* ("away from the house", i.e. menstrual isolation), or simply *ākātu* ("not possible, not allowed", i.e. to act normally). For Moors, the general pollution category of *mulukku* also covers menstrual impurity, and generally the same types of domestic restrictions on menstrual women are noted in Moorish households, although it was more difficult for me to obtain precise information. Needless to say, both Tamil and Moorish women are required to suspend formal religious activities, such as attending temple *pūjas* or reciting Muslim prayers, until after menstrual pollution is removed. Unless special isolation precautions are taken, menstrual pollution will also negate the efficacy of beneficial charms or mantras being recited in the house. The first three days of a woman's menstrual period are considered to be the most severely polluting, but in any case a full "head bath" is required by both the Hindus and the Muslims in order to return the woman to a normal state. The standard procedure for Muslim ablutions prior to daily prayers, or after sexual intercourse, involves a set of invocations for each step in the washing sequence. I was told that Moorish women should also perform these ablutions as part of their final menstrual bath, but I do not know whether this

is typically done. The ritual emphasis during ordinary menstruation is on pollution, rather than bodily heat, but the underlying connection between these two in South Asian thought has already been well established (Beck, 1969; Babb, 1975).

### Male Rites of Passage

The belief that boys mature more slowly than girls is reflected in relatively late observance of the traditional Tamil male rite of passage into adulthood, somewhere between the ages of 16 and 22. This ritual is no longer performed, and only older people could offer a description of it. The common name for the ritual was *kātukkuttukirakkaliyāṇam* ("ear-piercing *kaliyāṇam*") or *kaṭukkanpoṭukirakkaliyāṇam* ("ear-stud placing *kaliyāṇam*"). The timing of the ceremony seems to have been determined by convenience, although astrological factors were probably also taken into account. Formerly a young man's beard would never have been shaved until the day of this ceremony, when the family Barber would come to the house for this purpose. Then the man would bathe, washing his head and face with young coconut water (*iḷanīr*) and turmeric water, which are both "cooling" fluids, and his hair would be tied into the traditional male bun (*koṇṭai* or *kuṭumi*) for the first time. Next, the goldsmith would step forward to pierce the man's ears and insert the male gold ear-studs (*kaṭukkan*), which signify male adulthood. Finally, the man would be dressed in a fine new white cloth (*vēṭṭi*), shawl (*cālvai*) and turban (*talaippā*) and be taken to the front of the house where *ālātti* wicks would be waved around him and, possibly, baskets of fried sweets (*palakāram*) and parched grain (*pori*) poured over his head. He would then be considered a *kaṭukkenṇavaṇ*, a grown man eligible to marry.<sup>10</sup>

I have come across no evidence that Moorish youths underwent such an explicit ritual of adult manhood, although the attitudes and expectations associated with a delayed entrance into adulthood are shared by both Moors and Tamils. Although Muslim circumcision would seem at first the obvious parallel ritual, in fact it is performed well before what is believed to be the age of sexual maturity (i.e. it is performed around the age of 9 or 10). Moorish sources indicate that, technically, circumcision should be done in infancy (as with the female incision, see the section on Final Purifications, Protections and Practices), but parents prefer to wait until later, when the boy is more likely to survive the operation. Nevertheless, Muslim circumcision (*cunnattu*) conforms in many ways to the symbolic model of the wedding: the event is still called *cunṇattukkaliyāṇam*, and traditionally the boy was elaborately



Fig. 7. Among the Moors of eastern Sri Lanka, several boys may be circumcised in a single ceremony, commonly referred to as a "circumcision wedding". In this photo the two boys wearing garlands and sunglasses are enjoying the gifts and compliments of well-wishers before they undergo the operation.

decorated and taken in procession through the village before the operation was performed. An informal appellation for the boy is *cunnattu māppillai*, "circumcision bridegroom" and, as with all weddings, wealthier families today distribute printed invitations.<sup>11</sup> There are also striking similarities between the regimen and diet of the convalescing circumcision boy and those of the secluded puberty girl: eggs, cooling oils, *pittu* (also applied in hot packs), cooling leaf curries (*cuntal*), a ban on meat, fish and milk products, plus the usual precautions against lurking spirits. The period of seclusion and convalescence for the boy is concluded with a special bath initiated by the specialist circumciser himself.

## The Reproductive Process

### Conception: The Two Semens

Theories of conception in the Batticaloa region contend that a woman is fertilized when male semen (*cukkilam*, *intiriyam*, *vintu*, *tātu*, *kāmappāl* etc.) mixes in the uterus with female semen (*curōṇitam*, *nātam*, but frequently unnamed). People were often vague about the nature of female semen, but it was definitely seen as derived from blood and was assumed to resemble male semen. They said it came from the head, from the chest, or from the womb itself; some felt that it was less important in conception than male semen, and a few people were ignorant of the whole matter. Only four out of the sample of 35 denied any knowledge of a female substance involved in conception, and only one raised the metaphor of the male "seed" implanted in the female "field" as recorded in Indian ethnography (Mayer, 1960, p. 203; Fruzetti and Östör, 1976; Dube, 1978) and in the Laws of Manu (IX, 31–56). Typically, the paired expression *cukkilacurōṇitam* was widely recognized as representing the two essential substances in conception, and this accords with Sinhalese belief as well (Obeyesekere, 1976, p. 207). Although the sexual fluids are refined essences likened to "ambrosia" (*amirtam*) while they are stored in the body, in the aftermath of sexual intercourse they are treated as polluting. To remove the temporary pollution of Hindus who have had sexual relations during the night, a full "head-bath" is required the following morning before any clean tasks are undertaken; for Moors, the technical rule prescribes a full bath immediately afterwards, as well as between repeated acts of intercourse. Some Moorish people told me, however, that this was carrying things a bit too far.

Fertilization occurs with the mixing of the sexual fluids during that

part of a woman's monthly cycle when her uterine "flower" (as it is commonly expressed) is in bloom and can provide an opening to admit them. This opening is generally believed to close two weeks after the end of the previous menstrual flow. The heat of sexual desire "melts" the semi-solid reservoir of semen in the brain, allowing it to flow downward, in some accounts via the spinal column and intermediate storage sacs in the naval or testes, to the penis.<sup>12</sup> This process illuminates one of the rarer terms for male semen: *kāmappāl*, "milk of lust". For fertilization to occur, both sexual partners must achieve orgasm. This is necessary because both sexual fluids must be ejaculated into the womb, where they mix to produce the beginnings of an embryo, variously described as a bubble (*kumili*), a lump (*kattī*), or a sprout (*mulai*). One man offered a precise ethno-chemical explanation: male semen is salty (*uppu*) and female semen is sour (*puli*). Just as salt water mixed with sour tamarind water will produce a solid coagulum, so male and female semen will curdle to form the embryo (*karu*). Although this theory seemed eccentric at the time, I later found support for it in a Tamil classification of "male" alkaline substances (*āncarakku*) and "female" acidic substances (*peṇcarakku*), otherwise referred to as *uppuvintu* (male seminal salts) and *puliṇcurōṇitam* (female seminal acids, i.e. "sour" *curōṇitam*).<sup>13</sup> A few people, mostly curing specialists, added that the three Ayurvedic humours, and particularly the *pirāṇa vāyvu* (wind of life), would be present at conception. If a specific source of *uyir* (life, spirit) could be specified, it was invariably the *pirāṇa vāyvu*, which pervades the womb from the surrounding universe and has no connection with either parent.<sup>14</sup>

I was also informed of a haphazard assortment of ancillary factors which were conducive to successful impregnation, ranging from unity of mind, to simultaneous orgasm, to hydraulically forceful ejaculation. The main point, however, is that conception is seen by most people fundamentally bilateral, involving substances from both parents. Few specific characteristics of the child are determined at the point of conception itself, except for the sex of the child. I heard five different theories of how the sex of the child is determined at conception, depending on (1) whether intercourse takes place on even (male) versus odd (female) days following the end of menstrual pollution, (2) whether the parents are breathing through the right (male) versus left (female) nostril at the moment of fertilization, (3) whether the mother sleeps on her right (male) or left (female) side after intercourse, (4) whether the first sexual fluid to enter the womb is from the father or from the mother, (5) whether a relatively greater amount of male or female semen is deposited in the womb. Some curing practitioners claimed to be able

to utilize *kaippiti vaittiyam* ("hand-holding medicine", sphygmology) in order to ascertain the sex of the foetus by comparing the strength of the pulse in the pregnant woman's right (male) versus left (female) wrist. Twins or multiple births are not clearly explained in local theory, although repeated intercourse the same night is one hypothesis offered. The birth of twins is not given much significance: it is an abnormality, so it may suggest some sort of flaw or blemish (*kurram*), but for the most part, it is just seen as an additional burden on the mother.

### Gestation: Transfer of Blood

Within the womb, the child is said to be nourished by a direct blood transfusion from the mother via the opening (*tuvaram*) which all foetuses are said to have at the top of the head. As tangible proof, people cited the soft area of the newborn child's cranium, the fontanelle, which they said represented the recently closed channel by which maternal blood had reached the foetus.<sup>15</sup> Because the contribution of bodily substance from the mother is seen as a massive and prolonged diversion of her own blood, and because the matrilineal and matrilocal social institutions of the Batticaloa region tend to foster a "matrilateral bias" in local thinking, many of my friends disagreed radically with the common South Asian belief, which is particularly associated with patrilineal ideology and institutions, that the child's blood is a perpetuation of the father's blood transmitted in the form of male semen. The conflict between the matrilineal traditions and beliefs of Batticaloa people and the patrilineal ideology which nowadays impinges from the larger South Asian cultural environment (and from patrilineal Jaffna and Tamilnadu in particular) was reflected in the pattern of responses to my question concerning the identity of the child's blood. Although the question, as I posed it, had scarcely occurred to many people, their opinions soon sharply and evenly divided three ways. Some, who had earlier stressed the potency of male semen in conception, said that semen was a concentrated form of the father's blood which the child consequently shared. Others vehemently objected to this view, saying that the tiny amount of father's semen was insignificant in comparison to the mother's massive transference of blood to the child during pregnancy and lactation; the child's blood was definitely that of the mother, according to this second view. The third group more closely followed the local theory of conception, pointing out that both parents contribute elements of their bodily substance, so that the child's blood must be a bilateral composite of the mother's and the father's blood. Whatever their views on this question, all agreed that the subsequent gestation

and development of the embryo after conception draw solely upon the bodily resources (blood) of the mother. Continued intercourse during the early part of pregnancy is allowed. However, it has no effect of nourishing or augmenting the embryo, and if continued for too long, it threatens the health of the foetus by generating excessive heat.<sup>16</sup> All in all, the fleeting quality of the paternal role in impregnation, as contrasted with the maternal burden of carrying and nourishing the child through pregnancy, is well recognized in the local proverb: *aiyavukku aintu nimisham, ammavukku pattu matam*, "Five minutes for the father, ten months for the mother".

Menstruation ceases with pregnancy because the "excess blood" normally eliminated during the monthly period now goes to nourish the foetus. There is a belief that menstrual blood is extremely polluting, yet the uterine blood which flows to the child is beneficial. People were unsure on this point: one man said that bodily impurities were carried away by the flow of the menstrual blood, making it a bad or unclean fluid (*turnir*) analogous to sweat, urine and faeces, whereas this excretory function ceased during pregnancy. Another person hastily reasoned that impure menstrual blood must be stored in a separate sac during pregnancy to be discharged with the afterbirth. Many, supporting ideas put forward by Mary Douglas, said that menstrual blood, like certain other bodily substances (saliva, semen, hair) only becomes polluting when it leaves the boundary of the body (Douglas, 1966). This latter interpretation provides the most satisfactory explanation, since it fits a wide range of South Asian bodily pollution beliefs, and also accords with indigenous thinking on the subject.

There are relatively few strict rules concerning the diet and behaviour of a woman during pregnancy. Naturally enough, it is felt that she should eat an especially nutritious diet so that her body can restore the blood which is continuously passing into the foetus. She should eat "normally" (*cataranamaka*), I was told, taking into account the same sorts of humoral balances a non-pregnant woman would observe. When pressed further, some people cautioned against excessive amounts of "cooling, eruptive, or windy" foods, all of which might threaten the stability of the foetus according to local reasoning. However, no clearly defined antenatal diet appears to exist; most informants mentioned rice, vegetables, milk products, eggs, meat and fish as "foods which would cause fresh blood to seep forth" (*irattattai urutarkuriya cappatu*). It is the custom to bring a newly pregnant woman a type of plump steamed tart with sweet filling called *kolukkattai* ("fat block"), occasionally even one which contains another smaller tart within it (*pillaikkolukkattai*, "child k."). These are also commonly exchanged sweets at weddings,



where their auspicious "plump" health and fertility symbolism is equally appropriate. The only strongly proscribed foods and substances fall into the category of abortifacients, all of which seem to possess excessive levels of *kiranti* (eruptive) quality. The most commonly mentioned food in this category is pineapple (*annācippalam*), but an intentional combination of other *kiranti* foods (e.g. prawns, *kiri* fish, *māci* dried fish, eggplant, papaya, guavas, *kuruttu* coconut sprout etc.) would also pose a danger to the foetus. In order to induce an abortion, it was said that a woman might surreptitiously consume several pineapples, or she might even take a bit of stinging jellyfish (*cori muttai*, "itch eggs"), which is the most potent abortifacient of all. However, all my informants expressed the opinion that abortion was a deplorable practice, a heinous sin.

Pregnancy cravings (*icā*) are a recognized aspect of pregnancy, but they are much less culturally elaborated than among the Kandyan Sinhalese studied by Obeyesekere (1963). The commonly reported pregnancy cravings in Batticaloa are for sour foods (green mangos, tamarind, limes), bitter substances (*vipūti* sacred ash, burnt rice from the bottom of the pot) and sweet things (*palakāram* fried cakes, *muttāci* sweets). Most people find these cravings amusing and easy to satisfy, and there is no evidence that pregnancy cravings serve to channel resentment of female childbearing and male dominance (c.f. Obeyesekere's analysis of Sinhalese pregnancy cravings). Given the matrilineal and matrilocal social organization in Batticaloa, and the absence of the severe wife abuse Obeyesekere reports from Kandyan areas, such a result is not surprising. The ethnomedical explanation of pregnancy cravings is that they are generated when the nutritional demands of the foetus excessively tax the nutritional resources of the mother, and a general response (in addition to satisfying the cravings themselves) is to augment the mother's diet in all respects.

Most people seem to have no clear idea of exactly how the foetus develops in the uterus, but there are traditional medical songs which a number of Ayurvedic curing specialists recited in response to my questions on this topic. These verses are mainly descriptive, as opposed to diagnostic, in nature, and the singing usually a bit rusty, but all the songs attempt to specify characteristic stages of foetal development for each month of gestation.<sup>17</sup> None of the recitations I heard matched perfectly, but the general sequence starts with the embryonic lump (sprout, bubble etc.), which develops shoulders and a nape by the first or second month, head, torso, and limbs by the third or fourth month, bodily orifices by the fifth or sixth month, internal organs, blood vessels and nerves (*nāṭi*), joints and hair by the seventh or eighth month. By

the ninth month, the child's body is complete: it then acquires the umbilical cord (*mākkoṭi*, *pokkanikkoti*) through which it receives actual food (chyme) from the mother's stomach, and the cranial blood orifice grows shut. At this point, it is time for the child to acquire consciousness (*arivu*) and to prepare for what lies ahead: in an upright foetal position (perceived as a gesture of worship) the baby prays to God and contemplates his karmic destiny in this rebirth. Then the *apāna vāyvu*, the special downward humoral wind, which guards the foetus and "drives" the processes of birth, menstruation and excretion, flips the foetus over so that it is head down and in position for labour to start. This humoral wind then expels the neonate into the world, although an insufficiency of the *apāna vāyvu* may result in a breech birth.

### The Secrecy of Birth

Childbirth at home takes place in the northern or eastern room (*mañcūṭu*) of the traditional Tamil house. Moorish practice is similar, although Moorish houseplans are less uniform. Nowadays, however, it is becoming fairly common for childbirth to take place in local or regional government hospitals, and the traditional role of the midwife is gradually fading. Feeling about hospital births seems mixed: on the one hand, the maternity ward is unfamiliar, far from one's supportive kinswomen, and the hospital standard of care may have its shortcomings; on the other hand, hospital delivery lifts a messy, highly polluting and somewhat embarrassing event out of the household altogether, and the relative advantages of hospital medicine are increasingly accepted. A desire for privacy and isolation are major concerns: in fact, the specially built maternity hospital in an exposed location near the centre of Akkaraipattu town has been forced to close for lack of patients, while the relatively isolated (indeed, for most medical problems, quite inaccessible) government hospital several miles out of town draws a steady stream of maternity cases. Until fairly recently, childbirth at home was a common practice, and so I found that information about traditional customs was easy to elicit. I should state, however, that because hospital births are now common, and because the whole business of childbirth is an exclusively female domain, I never saw an actual childbirth nor witnessed the events immediately surrounding it.

The traditional midwife (*maruttuvicci*) is a woman from one of the lower service castes, most often from the Washerman (*Vaṇṇār*) or Barber (*Nāvitar*) castes, but in recent times there have also been government-trained midwives from other groups. Nevertheless, the midwife role clearly conforms with the domestic pollution-removing functions of the

Washerman and the Barber.<sup>18</sup> The other central figure is of course the woman's mother, assisted by other experienced kin and neighbourhood women. When the waters break, all men of the household leave the house and remain some distance away until the child is born. Childbirth is deemed an appalling sight which no man should witness, while the possibility of severe ritual pollution acts as a further deterrent. The techniques of the actual delivery are not secret, but they are so deeply shrouded in female modesty that I was unable to learn much about them, except that the woman often labours in a seated position against a sack of paddy.

The childbirth house is completely shuttered and closed during the actual delivery and during much of the postnatal pollution period. As in the period of seclusion during first menstruation, this is done in order to protect the mother and baby from marauding spirits, ghosts and demons which are attracted to all the blood and contamination. All of the same anti-demonic safeguards are prescribed, especially having the woman carry an iron object on her person at all times. There is also an effort to avoid drawing the attention of spirits and malevolent forces to the child; this means that notification of the birth should be done indirectly. Instead of shouting the sex of the child, a message is sent to the father requesting him to come immediately to the house and to toss a paddy pestle (*ulakkai*) over the top of the house if it is a boy, or a rake (*ikkil kaṭṭi*) if it is a girl. I was also told that tossing these symbolic objects would promote the child's later manly or womanly qualities. No external notification of any kind is given until after the umbilical cord has been cut and tied; if the sex of the child is acknowledged before this is done, both mother and child are placed in grave danger. Later, neighbours, kinsmen and friends are indirectly notified of the birth by the presentation of rock candy (*karkantū*) if it is a boy, jaggery (*cakkarai*) if it is a girl.

The birth horoscope of each child must eventually be calculated, so it is essential that the exact time of the birth (technically the moment when the head can first be seen) is recorded.<sup>19</sup> For the Hindus, the birth horoscope is used in the selection of a name for the child. The Tamil almanac (*pañcaṅkam*) provides a set of initial syllables suitable for the child's astrological configuration, and a name is selected which begins with one of these syllables. Naming of children amongst the Moors is sometimes conditioned by numerological considerations and the advice of religious experts.

Brenda Beck reports from Coimbatore, Tamilnadu, that pregnant women are considered to be in a "heated condition" as a consequence of the accumulation of blood in the womb (1969, p. 562). Actually, none

of my informants said so, but the existence of this cultural assumption can be inferred both from the indigenous theory of gestation and from the postnatal rules governing the care of the mother. Never having witnessed an actual birth scene in Batticaloa, I can only indicate what people said about the events surrounding the delivery. The new mother is generally not given food until the day following the birth, apparently because she is too exhausted. When she begins to take nourishment, she is first given *mīlakutaṇṇir* ("pepper water", the British "mulligatawny soup"), a hot, pungent broth heavily spiced with chillies and extra amounts of garlic. These ingredients, especially chillies and garlic, are considered to be very "heating". Rice is often served in a mushy form (*kulaiyal*) which is considered easier to digest, accompanied by a curry made of one of the humourally "neutral" varieties of small lagoon fish (e.g. *cettal*, *varāl*, *kīlakkaṇ*, *mural*, *teraḷi*). The new mother will be given coffee—heating, as opposed to tea, which is cooling—or at the very least hot water, to drink. In addition, some type of distilled alcoholic beverage, usually brandy or arrack, will be administered to the new mother daily on medicinal grounds as a tonic with strong "heating" qualities. One Ayurvedic specialist even offered the recipe for a special "arrack powder" (*cārāyaccūraṇam*) which is prescribed for postnatal mothers in distress. In short, there is a very strong emphasis on "heating" foods and substances in the postnatal diet, while at the same time, there is a strict prohibition on fruits (generally cooling), milk and yoghurt (cooling). There is explicit anxiety that the new mother may suffer "cool illnesses" (*kulir varuttam*), and this danger evidently arises from the abrupt loss of the mother's blood and bodily heat when the baby is born. There are at the same time other medical concerns, particularly the need to stop the bleeding and to promote the rapid healing of what are considered to be the wounds within the mother's womb. Milk and yoghurt are said to inhibit the healing of wounds, and to cause wind and indigestion; it was for these reasons, rather than their "cooling" quality, that most people forbade their consumption. At some point, the desire to generate "heat" within the mother's body must conflict with the desire to "cool" and heal her wounds, since heat agitates the blood and aggravates all open sores. The conventional compromise is to restrict the intake of some strong or heating foods, such as chicken, beef, or eggs, until the mother's condition has improved, while just as during the female puberty rite, an oral dose or two of margosa oil (extremely cooling) is administered to cool and heal the womb itself.<sup>20</sup>

The period of ritual pollution arising from childbirth lasts for 31 days among the Tamils and 40 days among the Moors, and it is within the

framework of this pollution period that the special postnatal dietary and behavioral rules are applied. The birth pollution gradually lessens during this period, the health of the mother and child gradually improve, and the mother gradually returns to a normal diet. There is probably considerable variation in the timing of this transition, but after the twelfth day it is common for the mother to bathe with normal cool well water, rather than with special hot water. She can also begin to take more "cooling" foods, such as *tanṇirccōru* ("water-rice", cooked rice soaked in water, eaten with coconut milk and jaggery). Certain prohibitions, such as the rule against milk and yoghurt, are enforced throughout the entire pollution period, but my impression is that other dietary practices depend on the speed of the mother's recovery. That the twelfth day marks a customary transition out of the most polluting and most dangerous postnatal phase is also indicated by special payments of food for the household Washerman and the midwife on this day, which is called "twelfth rice".

### Final Purifications, Protections and Practices

The end of the 31 days of childbirth pollution is marked in a Tamil home by a purification of the house, a ritual bath for the mother and the shaving of the child's head. Because this event is accompanied by domestic entertaining as well as by substantial payments of food, clothing and liquor to the household Washerman and Barber, it is sometimes called the "31st (day) expense" (*muppattiyōrāṇ celavu*). The mother's bath is merely a full "head bath" without much ritual elaboration. The tonsure of the infant is performed by the household Barber caste man, who also pierces the child's ears as a mark of Hindu religious identity. The removal of the child's hair is said to symbolically remove any ritual pollution still adhering to the child from its contact with the mother's vagina, but it is also a kind of sacrifice as well as a symbolic "new start" in life. On or around the 31st day, it is also customary to tie a heavy black thread around the child's waist. Males wear such a thread or silver chain, called an *arunā koṭi* (lit. *araināṇ*, "waist string"), for the rest of their lives, while female children only wear it for a short while. After I got beyond the true, but inadequate, explanation that this thread holds up a man's underwear (*kaccāi*, loincloth), everyone admitted that it was universally believed to give men "strength in the waist" (*itappil pelāṇ*). Typically, the overt reference was to physical strength to perform labour in the fields, but some people later admitted it included sexual vigour. Females do not wear the waist string because they possess an inherent excess of blood, *cakki*, and sexual desire already.

Among Moors, the end of ritual contamination on the 40th day is likewise marked by a bath for the mother and tonsure for the infant, but the latter will be performed by the hereditary Muslim barber/circumciser (*Ostā māma*) or by a man of the household. If the infant is a girl, she will receive a visit from the barber/circumciser's wife (*Ostā māmi*) near the end of the 40 day period. Most of my informants said that she makes a tiny prick or incision in the baby's genitals sufficient to draw blood, but a few thought that the tip of the clitoris was actually severed. The truth is that most of these accounts came from males, who have no clear idea of what is actually done. My evidence indicates that present practice is no more than a symbolic mutilation carried out in the name of Islamic tradition, but several Moorish men also asserted the aim of the operation was to reduce (whether symbolically or surgically) the excessive sexual desire of women. The corresponding male circumcision among Moors does not take place until the boy is nine or ten years old.

### Lactation: Milk from Blood

The beginning of lactation is recognized to entail some pain in the breasts (*pāl nōkkātu*, *pāl vētanai*, "milk pains"), and the colostrum itself is called "throbbing milk" (*katuppuppāl*). The standard belief is that the colostrum is a weak or impure form of milk, not suitable for the child to digest. Consequently, the infant may suckle primarily from a wet-nurse for the first three days, as well as enjoy jaggery suckers (*panānkuttāṇ*), while the mother manually draws off the colostrum. Breast milk is a product or transformation of the blood in the same way that semen is, although no standard ratio of blood to milk is cited. Two people even said that milk, like semen, forms in a semi-solid lump at the top of the head which subsequently "melts" and flows to the breasts during lactation. Traditional medical belief places great importance on the supply of mothers' milk, and one frequently hears the lament that today's women no longer have the lactational capacity of their forbears (hence the modern fall-back to bottle feeding). However, some of the very foods which are believed to promote lactation are restricted during the initial postnatal period on the grounds that they may hinder or delay the mother's healing. Milk and yoghurt are often mentioned as being specifically likely to promote lactation, but these are generally given only after the end of the childbirth pollution period. Coconut milk is considered generically equivalent to cow or buffalo milk, but less potent, so it may be given before dairy milk is permitted.

The commonly accepted opinion is that the baby should be weaned

from the breast by nine months or a year, and a bitter substance such as margosa oil may be smeared on the nipples to encourage this. There is no standard period of postpartum taboo on sexual relations, but I doubt if anyone commencing intercourse before six months would admit it. Ideally, one should probably wait a year. Intimacy during the period of lactation, and contact with the wife's breasts or milk, posed a ritual danger to husbands in ancient Tamilnadu (Hart, 1973, pp. 234–236). Although I found no such belief in Batticaloa today, the breast is still an extraordinarily private and sacrosanct part of a fertile woman's body. The first solid foods given to the infant include rice flour pudding (*kali*) mixed with a bit of Ethiopian cumin (*ōmam*, *acamatakam*, L. Sison ammi) and jaggery, as well as mashed bananas. Later, the child will start taking mashed rice mixed with broth (*racam*). Even after weaning, the child's food is cooked and served by the mother's hands, so that the transfer of "maternal" substance, together with maternal affection, is seen to continue through childhood.

### Influencing Fertility

As my description of the female puberty rituals alone might indicate, there is tremendous cultural emphasis upon the ideal of the woman as chaste wife and fertile mother. A newlywed couple lives matrilocally at least for a year or two, during which period they are given especially nourishing food, relieved of some of the more onerous domestic tasks and afforded extra rest and privacy. Some of this is justified as a gentle transition into new marital roles, but the other aim is clearly to encourage sexual relations and to get the wife pregnant as quickly as possible. In fact, as a consequence of their presumed coital obsession, the new couple are sometimes said to have a mild sort of ritual pollution which should keep them out of Hindu temples for the first six months of marriage. This is considered a small price to pay for quick offspring.

### Strategies Against Barrenness

A wife without children is both personally unfulfilled and ritually inauspicious. Concern with problems of infertility is reflected in a pragmatic diversity of diagnostic and therapeutic strategies, some of which can be pursued simultaneously without contradiction. The basic assumption in Batticaloa, as throughout the South Asian culture area, is that infertility is primarily due to a problem with the woman. Beyond this, barrenness may be attributed to some supernatural agency, but

seldom is the potency of the husband questioned. An infertile woman (*malati*) who seeks treatment in the domain of traditional medicine is given standard assurances that "there is no such thing in the whole world as a truly barren woman" (*penmalatu ulakattil yārumillai*), but the diagnoses can sound fairly dire: destabilizing humours (windy, eruptive), blockage of the womb, diminished or contaminated blood supply, tiny organisms (*kirumi*) which eat the seminal fluids. For some (occasionally all) of these conditions there are complex herbal compounds which are prescribed according to instructions encoded in traditional medical songs. It is virtually impossible to elicit a quick, succinct summary of such medicines and their uses, because the songs are indispensable mnemonics and must be recited from the beginning each time.

The ingredients (*carakku*, medicinal substances) used in compounding fertility tonics are drawn from the traditional Ayurvedic pharmacopoeia, available from specialized herbal shops in all major towns, if not from the local environment itself. Most of the herbal compounds I recorded contained upwards of twenty ingredients, and without recourse to formal training in the Ayurvedic system I am unable to characterize the reasoning behind their efficacy beyond the general principle that excess bodily humours must be balanced and compensated. The chief etiology identifies certain classes of disorders (e.g. *vāta nōykal*, "wind diseases"), any one of which may produce barrenness together with other symptoms. Consequently, medical verses for some of the more complex herbal compounds often read like a musical panacea.

When I asked about male sterility, the medical experts admitted it was possible, but they said that male patients never seek help and that most men would never acknowledge the possibility by accepting medication. Even so, there is an obvious concern with excess heat in the male body, a heat which is sometimes manifested in urinary and venereal disease (*mēkaviyāti*, *piramēkam*). The various types of venereal disease all involve the loss or contamination of male semen, either through uncontrolled "leaking", bleeding in the urinary tract, or thin, watery semen. The excess heat which produces such weakened semen may derive from any number of sources, including excessive sexual intercourse itself.<sup>21</sup> While this diagnosis suggests the need to cool the body and concentrate the semen through greater sexual abstinence, there can also be a quite different diagnosis for male sterility: insufficient libido. As a matter of fact, only a few preparations for male sterility were ever cited, but they all turned out to be exotic aphrodisiacs with names like *manmata ilēkiyam* ("Kāma's electuary") or *vīriya virutti panniranṭu* ("the semen-increasing twelve"). There are also foods which aid in the production of semen: honey, ghee, yoghurt (especially if it

has a thick rubbery crust), jaggery, meat and eggs. Many of these are refined or thickened substances with clear affinities to the admired qualities of semen itself. Finally, there are the everyday aphrodisiacs, raw onion and woodapple, said to incite seminal emissions so strongly that they are banned from the diet of students at the Ramakrishna Mission Hostel.

With barrenness carrying such a heavy stigma in this society, many infertile women have simultaneous recourse to ethno-medical and to supernatural cures. Despite the intricate ethno-medical theories of conception which I have outlined, there is a tendency to think of children as a gift of God. There is first of all the possibility that infertility, like some other afflictions, has been induced by the influence or presence of malevolent spirits acting independently or as agents of sorcery (*cūṇiyam*). Hence there is a chance that magical countermeasures undertaken through a friendly *mantiravāṭi* (lit. "reciter of mantras") will exorcise and dispel these spirits. It is just as likely, however, that a childless woman (or a childless couple) will make a vow (*nērttikkaṭan*) to a Hindu deity or to a local Muslim saint, a vow which attributes no divine blame for the lack of children, but which pledges fulfillment of a contractual agreement if the deity or saint grants the boon of fertility. Such vows can be made locally, but they are often fulfilled by pilgrimage to a larger regional shrine. Completion of such vows usually involves making food offerings (e.g. *pukkai*, sweetened milk-rice, later shared among the worshippers), but Hindus may also bring a miniature votive offering (*aṭaiyāḷam*, "symbolic representation"). The treasuries of Hindu temples accumulate a vast array of such offerings, usually made of silver, each typically the replica of an afflicted organ or a missing object, and perhaps the most common of such offerings is the *pillaiyum totṭilum*, the tiny silver "child and cradle". Other simple offerings are rocks, each one brought by a childless couple, heaped conspicuously atop hills associated with nearby Murugan temples. The most popular deities for making fertility vows are Pillaiyār (Ganesh), Murugaṇ (Kataragama) and Kaṇṇaki (the Sinhalese Pattini), but such vows are probably made to all deities. However, in Batticaloa, the cult of the cobra god Nākatampirāṇ, while extremely popular as protection against snakebite, lacks the strong association with fertility and gynaecological problems it has in Jaffna (Pfaffenberger, 1977).

### Contraception: Traditional and Modern

In the past few years, the rate of population growth in Sri Lanka has shown a significant decline, although the contribution of government-sponsored contraception programmes to this has probably had less

importance than a general rise in the marriage age of women. In any event, the rate of contraceptive use in most parts of Batticaloa at this time is still quite low, particularly among the semi-urban Moors and the rural Tamils. A survey questionnaire carried out in 1974 reveals that when "natural" methods such as abstinence, rhythm method and coital withdrawal are included, upwards of 40% of married couples can be said to use some birth control technique, but actually only 7% use any contraceptive device. Another 40% of the sample were currently non-users but indicated a desire to use some method of contraception in the future, yet most of these people are probably contemplating only "natural" methods (Population Services International, 1974).<sup>22</sup> While my research indicates that many people are worried that the pill (the most common of the artificial birth control methods) poses a danger to a woman's health,<sup>23</sup> the "natural" methods are largely in accord with traditional values of self-restraint, conservation of semen and avoidance of pollution, as well as with the ideal of spacing births. The health of the mother is one goal in the spacing of births, and another goal is the establishment of a clear age hierarchy among siblings. Relative age is a very important principle of social authority and deference which is also systematically expressed in all of the Sri Lankan Dravidian-type kinship terminologies. Within a family, pressure for the parents to observe total sexual abstinence arises when the eldest daughters are given matrilocally in marriage: there is a cultural assumption that the locus of active sexuality should, at that point, pass to the next generation.

One contraceptive technique which has recently been promoted is the condom, marketed under the subsidized trademark PREETHI (Tamil and Sinhalese "bliss") in village-level boutiques and shops throughout the island. In discussions of the condom with my male informants, it became clear that its main practical drawback is the problem of disposal, while a latent ethnomedical problem is whether blocking male semen and placing a latex barrier between the partners will reduce the tangible somatic benefits of intercourse. The "benefits" in this case refer to the transfer of some vaguely identified blood or bodily essence between the sexual partners. Just as male blood (in the form of semen) goes into the female, some people felt that at least a tiny bit of female blood (or female semen) entered the man's penis during sex. Others could not specify exactly how the process occurs, but they felt that an older man, for example, receives some sort of invigorating influence from sex (in moderation, of course) with a young, healthy woman, whereas intercourse with an older woman can kill a younger man. An explanation of the latter belief is that individuals, although they lose blood in aging, nevertheless gain in bodily heat, "just as a pressure-lamp

becomes hotter and hotter as the fuel is used up" (c.f. Tamilnadu data on aging, Beck, 1963, p. 562). An unfavourable balance of bodily heat is often cited as a cause of infertility and uro-genital disorders. On the other hand, the potential benefits for an older man of sex with a young woman must be balanced against the risks inherent in the diminution of his own blood and the loss of his vital semen. The belief that the blood or the "pulse" of the man and the woman is exchanged or mixed during coitus is apparently stronger and more explicit in the Sinhalese population (Kemper, 1979, pp. 488-489). I also learned from a Colombo-based family planning official that young Sinhalese men in some areas had openly voiced fears that use of the condom would deprive them of vital female blood.<sup>24</sup>

From the standpoint of formal religious doctrine, the Hindu Tamils in Batticaloa do not have a "position" on birth control, except that they uniformly abhor abortion. The Moors, on the other hand, can easily obtain sermons on the anti-Islamic nature of contraception from local Muslim religious experts. The Muslim position is quite similar to that of the second-largest monotheistic group in the Batticaloa region, the Roman Catholics: contraception subverts the divine purpose for sexual relations, which is to engender offspring. However, I have no reason to suppose that Muslims would be any more likely than Catholics to forswear contraception on religious grounds alone. An equally important "external" source of pressure for or against birth control programmes is political sensitivity to demographic balances between the major ethnic/religious groups in the Sri Lankan population. For this reason, some of the more politically astute Batticaloa Moors are content to endorse the fundamentalist position that large families are the will of Allah. On the other hand, it is my impression that the politically disenfranchised Estate Tamil tea pickers have received the most effective vasectomy programme in the island.

## Conclusions

This account of sexuality, fertility and childbirth in eastern Sri Lanka has been offered, not only for its ethnomedical interest, but also as a contribution to the analysis of regional variation in South Asia. The isolation of the Batticaloa region, its peripheral Tamil identity in relation to the dominant Sinhalese Buddhist culture of the island, its matrilineal social organization, and its own internal Hindu/Muslim multi-ethnicity would all seem to suggest considerable grounds for variation from pan-Indian cultural norms. However, elements of the traditional Ayurvedic humoral theory of medicine are clearly present, as well as some

familiar South Asian beliefs about blood and its transformations. What this research reveals is that traditional ethnomedical theories may be given a reinterpretation, or at least a selective regional emphasis, to make them fit better with local cultural and social structural patterns. For example, some typical South Asian beliefs about the potency of male semen are found here, but the distinctive Batticaloa concern with matriliney and the "maternal connection" is incorporated into prevailing ethnomedical theory by special emphasis upon maternal blood transfusion in the womb and via the lactating breast. The bilateral aspects of conception, recognized to some extent in all South Asian medical theory, is expressed here more systematically, and with more attention to the female component, than in patrilineal areas of South Asia. At the same time, the cultural impact of patrilineal ideas from Jaffna and south India can be detected in the confused and divided opinions of some informants regarding the identity of the child's blood and the spread of death pollution. Finally, even in this matrilocal society, the common Indic symbols of male/female hierarchy are recognized, as theories of the sex of the embryo confirm.

Theories of ritual temperature and humoral balance in Batticaloa are broadly consistent with the growing literature on the "grammar" of South Asian ritual, i.e. the cultural assumptions which lie behind and, to a surprising extent, unify the logic of medicine, diet, and relations with the supernatural. The explanation of blood as the quintessence of bodily strength, the belief that it can be transformed into refined bodily essences (milk, semen), the associations between blood and heat, power and sexual control—these are all features of South Asian thought which inform, in a variety of local ways, both the meaning of health and the meaning of ritual. In Batticaloa, it has been shown that a common set of ethnomedical and ritual assumptions pervades both Hindu and Muslim daily life, despite ethnic and doctrinal conflicts on other levels. At the same time, it is ritual practice, rather than ethnomedical belief, which is more vulnerable to public pressure, as discontinuance of the Moorish girls' puberty ceremony seems to show.

Analysis of ethnomedical assumptions regarding puberty and reproductive processes illuminates the similarities and differences between first menstruation rites and childbirth practices. In puberty rites, the girl is "hot" because of excess blood which has accumulated in her body: she is therefore given "cooling" substances and foods. After giving birth, the mother's body is in danger of excessive "coolness" arising from the sudden departure of the child, whose body has been accumulating the mother's blood throughout gestation: she is therefore given "heating" substances and foods. In both cases, however, her womb is believed to have sustained wounds which must quickly be

healed: she is therefore kept away from dairy products (which are cooling, but slow down healing) and *kiranti* foods (which are heating, but eruptive).

Concern with ritual pollution is a basic feature of female puberty rituals as well as childbirth practices. On these occasions one sees clearly how the Washerman and the Barber, the Midwife and the Circumciser, serve to perform the most polluting operations and to remove the influence of pollution from the domestic sphere. The status of these specialists is low, but recognition of the service they perform is constantly dramatized: custom demands they be given prescribed items of payment for their services at almost every stage of the ritual sequence. On the other hand, puberty and manhood rites among the Tamils and the Moors also show strong symbolic affinities to the wedding ritual (*kaliyāṇam*), the most pure and auspicious rite of passage. In addition to the various ethnomedical presuppositions which have already been discussed, these rituals also presuppose the active involvement of real or classificatory cross-kin, who are affines and preferred marriage partners.

When attention is turned to problems of infertility, one immediately sees the importance of pluralistic systems of diagnosis and cure. Cures for barrenness may be sought through traditional folk medicine, exorcism techniques and vows to deities and saints. Precautions may also be taken against astrological factors, the evil eye, and inauspicious sights. While there are important symbolic connections between these levels of belief, the individual exercises great pragmatic discretion in the choice of diagnosis and treatment. No standard hierarchy of recourse to treatment seems to exist, and patients often pursue more than one sort of cure at the same time.

Finally, traditional ideas about birth control in Batticaloa reflect fundamental concerns with sexual control, the containment of pollution, the promotion of the mother's health and the spacing of births. There is clear scope for modern birth control programmes within these basic values, but birth control agencies might acquire greater sensitivity to variations in underlying ethnomedical beliefs, and gain access to a wider constituency, by training non-Western curing practitioners to dispense contraceptive information and materials (Taylor, 1976).

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### Notes

- (1) For an introduction to the literature on Ayurveda see Leslie (1976). Actually, some of my practitioner-informants referred to their medical system as *cittāyulvētam*, raising at least the possibility of a connection with the south Indian Tamil Siddha (*cittar*) yogico-medical tradition (Zvelebil, 1973). However, the only tangible evidence of this I ever came across was a reference to an ethno-chemical theory of "male" salts and "female" acids (see the section on The Reproductive Process and Note 13).
- (2) Muslim curing practitioners in the Batticaloa region do not participate in a distinctive or separate Muslim medical tradition, such as *Unāni* (Leslie, 1976). In fact, one local Muslim specialist assured me that the medical knowledge which had come to him through his forefathers had originated with Lord Civa. The views represented in this study are primarily those of high caste Hindu males. A quarter (9/35) of these, including two Moors, were full or part-time non-Western curing practitioners; a handful (4/35) were Viracaiva Kurukkal temple priests; a similar number (6/35) were low caste informants (1 Smith, 1 Washerman, 4 Paraiyar Drummers). Of necessity, my female informants were primarily the wives and mothers of my closest acquaintances. Not every person with whom I spoke could answer all the specialized questions I asked, but the sample consisted of the most knowledgeable people in these areas of inquiry. The data they supplied has the characteristic strengths and weaknesses of all intensive first-hand fieldwork data, but I think the most important potential sources of bias have been mentioned.
- (3) I could find no support in my research for the contention by Marriott and Inden (1977) and Marriott (1976) that traditional South Asian medical doctrines rationalize an entire theory of caste society, any more than Dumont's (1970) emphasis upon the "religion of pure and impure" could be seen to encompass them.



- (4) At this point an astute local critic spotted an awkward contradiction between traditional diagnosis and Western medicine: if the elderly have such weakened force of blood, why do government doctors report so many of them dying of "high blood pressure"?
- (5) In colloquial Tamil, *camaiccaccu*. Beck has pointed out that the verb *camai* in its transitive form means "to cook" and in its intransitive form means "to mature" (Beck, 1969, p. 562).
- (6) Deborah Winslow (1980) has pointed out some of the uniformities of first menstruation rituals throughout Sri Lanka. Nur Yalman has offered a lengthy analysis of the significance of the Sinhalese girls' puberty rite (Yalman, 1963).
- (7) Rev. Miron Winslow (1862, p. 300) associates *kiranti* with venereal ulcers, which is also consistent with the concern to heal the girl's womb after the first menstruation.
- (8) A similar practice is reported in the Nayar rite of first menstruation, *tirandukuli* (Puthenkalam, 1977, p. 59).
- (9) As Beck has noted, milk and fruit are "cooling" substances which would help to offset the "heating" effects of post-nuptial coitus (1969, p. 564).
- (10) There is a reference to this ceremony in Simon Casie Chitty's *Ceylon Gazetteer* (1834, pp. 245-247, 279-80), where the youth is said to be shaved with milk.
- (11) The common word for the Muslim circumcision in this region is *cunnattu* (Arabic *sunnat*, custom sanctioned by the Prophet), but on printed invitations it is sometimes given the loftier Sanskrit title of *viruttacēṭanam*, "maturity cutting".
- (12) The testicles, although mentioned as a conduit for semen, were not thought to be the fundament of male sexuality. Their practical importance is recognized in the gelding of bullocks, but this was explained to me as forcing upon the beast a sort of artificial asceticism which redirects its semen into forms of bodily strength (and by implication, spiritual docility).
- (13) Rev. Miron Winslow (1862, p. 411). This type of ethno-chemical classification is characteristic of the Tamil Siddha medical and yogic system (Zvelebil, 1973, p. 32, Note 31; p. 36, Note 44).
- (14) Compare this with Koṇṭaikkāṭṭi Vēlālar beliefs in Tamilnadu: "KVs say father's blood gives a child form or body (*uṭampu*) and mother's blood gives a child motion or spirit (*uyir*)" (Barnett, 1976, p. 146).
- (15) The umbilical cord is said to develop only at a late stage in the growth of the foetus. Its purpose is to carry liquified food (chyme) to the foetus when direct transfusion of blood is no longer required. The fact that traditional medicine is a male profession, yet men never lay eyes on a placenta or an umbilical cord, may have some-

- thing to do with the de-emphasis of the umbilical connection in medical lore.
- (16) Both among the Kandyan Sinhalese (Yalman, 1967, p. 137) and among Koṇṭaikkāṭṭi Vēlālar in Tamilnadu (Barnett, 1976, p. 146) it is reported that repeated sexual intercourse is recommended during pregnancy to supply additional male semen which will nourish or strengthen the foetus. One term for the heat generated in sexual intercourse in the Batticaloa region is *akkaraiccūtu* ("heat of urgency"). It poses a threat of colic and digestive disorders (*māntam*) in the newborn infant.
- (17) Aside from these medical songs, many informants volunteered the opening lines from the 15th century poem, *Uṭarkūruvaṇṇam*, by the Tamil Siddha poet Paṭṭiṇattār, which traces the human body from conception, through maturation, to ultimate decay. The poem has been translated by Zvelebil (1973, pp. 102-107).
- (18) In south India and in Tamil areas of Sri Lanka, the Barber serves as the funeral priest. Perhaps because of this inauspicious association with death, the role of midwife in Batticaloa is more often identified with the Washerman caste. Barber midwives are not unknown, but my data do not completely support Thurston's comment that Barbers are "the recognized midwives of the Hindu community in the Tamil country" (Thurston, 1909, p. 32).
- (19) I was told that in the old days, when clocks were not available, someone would immediately sever the trunk of a plantain tree: the exact time of birth could be deduced the next day by examining the growth of the innermost part of the stalk.
- (20) In some cases, a belief in the universal efficacy of margosa oil may outweigh the consideration of its specific humoral value in treating a patient. Margosa oil is so highly esteemed that it is sometimes referred to as *taṇi eṇṇey*, "the only oil".
- (21) Much of what local specialists said about male semen diseases fits theoretically with what Obeyesekere has reported from Sinhalese areas (1976, pp. 207-215). However, the level of popular anxiety about this in Batticaloa seems to be much lower. I only heard *piramēkam* discussed by Ayurvedic specialists, and rarely at that.
- (22) One of the most ingenious local theories about "natural" contraception I encountered was put forth by a Tamil clerk who had spent some time pondering the commonly accepted view that Moors produce more children than Tamils. It is widely thought that the Muslim consumption of beef (an extremely "hot" form of meat) enhances their sexual power. However, this man also drew attention to the circumcision of Moorish men, contending that it results in a desensitization of the penis sufficient to prolong



intercourse, thereby making female orgasm more likely. Since female semen and male semen must be ejaculated simultaneously if the chances of impregnation are to be maximized, this would explain the higher Moorish fertility.

- (23) This fear is not unreasonable, given the arbitrary dosages and fluctuating supplies of birth control pills in some localities.
- (24) The inverse concern is reported amongst the Koṇṭaikkattī Vēlālars of Tamilnadu, who fear that polluted blood might enter a man's penis and mix with his own blood during intercourse with a low caste woman (Barnett, 1976, p. 144).

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