

group solidarity, which is clearly against the grain of the mainstream anthropological theory on the gift exchange.

The reader remains wondering whether it is possible or useful to try to find the most truthful interpretation of Mauss' oeuvre. Between 1920 and 1925, Mauss' political writings were prolific and at the time cooperatives – not only sovereign debts and monetary stability – continued to shape Mauss' interests. Could it not be simply the case that Mauss was transposing his ideas from one field to another, even when they were not fully elaborated and researched? Does Mauss' interest in inter-societal solidarity during the interwar sovereign debt crisis or his pro-colonial sentiments make the gift exchange theory as an exploration of various socio-economic rationalities among group members irrelevant?

Regardless of what was Mauss' real intention behind *The Gift*, Mallard's monograph opens refreshing – if underexplored – perspectives on international solidarity and the present-day neoliberal international governance, where it has become impossible not to honor one's debts, no matter how unjustly acquired. It provides a dense and stimulating read that brings to the fore events, theoretical and political engagements that are insightful not only for those interested in the history of anthropology but also the history of France and the NIEO.

References

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DU BIDONVILLE À L'HÔPITAL: NOUVEAUX ENJEUX DE LA MATERNITÉ AU RAJASTHAN

Clémence Jullien, 2019. Paris: Maison des sciences de l'homme. 400 p.

Clémence Jullien's book opens by discussing a major shift that took place in India over the course of only a decade. Where almost all women used to give birth at home with the help of a traditional midwife (Hindi: *dāī*), now they are predominantly doing so in clinics and hospitals. The numbers are striking: whereas in 2005–2006 just 38.7 % of Indian women gave birth in a medical facility, by 2015–2016 that figure had risen to 78.9 % (p. 166 individuals) – including in Rajasthan, a state that has one of the Indian lowest scores on the Human Development Index, and where Jullien's research is focused. This process of biomedicalization followed a series of strong financial incentives from the Indian central government, which opened the doors of public health institutions to women who could not previously afford to use them, namely by making all maternity-related services free of charge and by paying those who give birth in hospitals.

The explicit aim of this series of government provisions was to combat maternal and child mortality, which is still very high in India and higher even than the rates of its neighbours, Bangladesh and Pakistan (pp. 17–18). But reproductive health in India, as Jullien notes, also faces several other challenges: soaring socioeconomic disparities (pp. 275–288, 292–303); an increasing sex-ratio imbalance (with Rajasthan presenting a particularly imbalanced situation;

pp. 255–274, 336–346) that is the result of the preference for boys, itself a cause (among others) of men’s struggle to find a spouse; and political instrumentalization of the higher fertility rates among Muslims in comparison to the Hindu population (pp. 304–324). Yet, in spite of the statistical success of governmental measures encouraging women to give birth in hospitals, some authors argue that the solution put forward, in the form of financial incentives, presents a risk of treating the symptoms of the issues – that many women do not give birth in clinics and that sex-based discrimination is still practised – rather than their root causes.¹ Clémence Jullien’s monograph is of major importance in this respect, as it thoroughly investigates those causes. Its author reveals how policies that seem to promote equal access to healthcare in India for all mothers actually have the adverse effect of reinforcing divisions along the lines of caste, class, and religion.

One of the strongest assets of the book is its constant back and forth between micro, meso, and macro levels of analysis. Jullien’s fifteen months of multi-sited fieldwork (in three slums on the outskirts of Jaipur and at the town’s main public hospital) and her explicit ethical stance do proper justice to the actors involved, in that she does not fall into the trap of pointing the finger at one group in particular but rather does a fine job of accounting for the complexity of the issues at stake.

The first chapter frames the topic, offering a historical perspective on policies pertaining to maternal-child health since colonial times, and considering the aims, impacts, and challenges of this process of biomedicalization (pp. 21–22) up to the contemporary period. 150 years of maternal-child health

are covered, from the perception and biopolitics of the female colonial subject to the postcolonial era, especially from the turn of the millennium. Today’s voices on the issue of maternal health bring different agendas while at the same time revealing a certain continuity with those of the colonial era: sharing humanist ambitions particularly regarding women’s rights, around efforts to control the population, and concerning the promotion of Hindu and nationalist values – for all of which the control of procreation constitutes a keystone strategy.

In the second chapter, Clémence Jullien investigates the complexity and ambivalence of the relationship between the social workers of an NGO working in two peri-urban slums of Jaipur, the female inhabitants of these illegal settlements, and the role of governmental institutions in granting the latter provisions and rights. This study reveals the inhabitants’ resentment towards the state, deemed indifferent to their fate, as well as the social workers’ internal contradictions. On the one hand, social workers strive to help the slum’s population to exercise their rights as citizens and “empower” themselves, while on the other, they express irritation whenever slum dwellers protest against violations of said rights. Clémence Jullien analyzes the strategies deployed by these social workers to strike a delicate balance between a commitment to empowering the women of these slums while also keeping them under control and reasserting their own dominant position; mainly in terms of class, caste and education. Another disjunction is visible in the NGO’s efforts to facilitate slum dwellers’ access to, and use of, government provisions, thereby supporting a state apparatus it nevertheless qualifies as deficient. This double bind leads the NGO, despite its aspirations, to sometimes rein-

¹ See the preface to the book by Roger Jeffery.

force the very social and political inequalities it seeks to fight.

Chapter three is situated in the public hospitals, where Jullien analyzes the dynamics at play in interpersonal relations between health practitioners and the female patients who live in the slums. The starting point for reflection is these women's reluctance to go to hospital, in spite of the existing financial incentives. Through the reasons put forward by slum dwellers, the reader is brought to understand how the democratization policies enacted by the government, with the aim of ensuring equal access to health services for all, are hindered by the hospital staff's domination over and discrimination against these patients – the form of which ranges from both explicit and implicit derogatory comments to blatant mistreatment and neglect. Instead of simply accusing these health practitioners, though, Clémence Jullien does them justice and shows empathy for their position by allowing their distress also to be heard, and by demonstrating how discretionary practices are implemented according to these individuals' own visions of progress and development. On the other side, she breaks from the simplified image of female patients as mere victims by accounting for their discreet forms of resistance and their negotiations with hospital rules, with the staff and doctors' practices, and with pressure from in-laws. This nuanced analysis highlights the prejudices of the end of both patients and medical practitioners about the other and the lack of, or failure at, communication.

The fourth chapter sheds light on how contemporary debates within Indian society transpire through interpersonal conflicts between parturient women, their families, and medical staff at the moment of the birth. Hindu principles of modesty and honor, the

impact of statutory inequalities, and fears of the impurity of bodily fluids are intertwined here, compelling medical staff to resort to preventive as well as punitive measures. Preventive measures stem from the duty to limit sanitary risks but also mingle with the socio-moral disgust that contact with lower-caste and/or Muslim women provokes among medical practitioners. Punitive measures consist of a variety of strategies to dominate and humiliate, which are all part of a response to the injustices of which staff performing them feel victim. These perceived injustices range from the overcrowding of public hospitals, the feeling that the government's policies on maternal health are just an attempt to win votes, the sense of being left out of the equation for positive action measures, to the fear of a growing Muslim and/or low-caste population.

In the fifth chapter, Clémence Jullien investigates the proximity of life and death at the clinic. Indeed, newborn babies are considered to have liminal status, as imperfect beings of “raw flesh” (Hindi: *kaccā mans*), and are therefore regarded by patients and their families as more vulnerable to predators and evil spirits. Taking three widespread beliefs among parturient women as a starting point, the author examines the medical staff's positioning: between acknowledgement of the legitimacy of different aetiologies, and their rejection when the staff's responsibility is invoked – as in the case of the death of a newborn, for instance (pp. 253–254).

The sixth chapter tackles the much-studied topic of son preference in India from a new angle: The ethnography reveals how each set of actors within the hospital structure identifies different causes for the perpetuation of the preference for sons, thereby positioning themselves socially by reasserting a set of prejudices. It also emphasizes the

ways in which gender discrimination is covertly practiced and expressed here, at a time when it is no longer acceptable in most public spaces. This situation produces a paradox in which son preference has become shameful to express, while remaining obvious.

The final chapter of the book shows how women's fertility is at the intersection of three kinds of issue. The first is politico-religious, touching upon Muslims' supposed higher fertility rates and demographic agenda to take over India. The second is of a social nature, relating to the assumed strategy of the underprivileged to have as many children as possible in order to increase the family's workforce. The last deals with gender, through the multiplication of births until a son is born. Jullien shows the discrepancy between the proclaimed intention of the states to encourage families' wellbeing and individual freedom in making informed choices about family planning, and the implicit and explicit intentions of the different actors at work on a state, medical, family, and individual level. She does so through an account of counselling sessions which reveal that IUDs (intra-uterine devices for birth control) and sterilization are the only options presented to patients,

and by delving into the medical staff's rationale for this bias.

The major contribution of this work is to go beyond what apparently stands as a success story in the history of reproductive health in India, and rather approach it as a prism through which one can understand how social relations of class, caste, and gender are constructed and reproduced. This book will be of interest to social scientists as well as to action-oriented readers who have a specific interest in health, biopolitics, development, intersectional discriminations, and the relationship between citizens and the state. Clémence Jullien's work contributes significantly to a subtler understanding of the interpersonal dynamics at play among pregnant women and their family members, health workers and development workers regarding their access to and use of state provisions. In doing so, this monograph also accounts for each group's understanding of the rationale behind state policies, as well as the motivations underlying their actions. The reader is left with the impression of being provided with as full a picture as one could get of such a complex topic.

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