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No Country for Mothers: Reimagining Motherhood and Mothering in Contemporary India with Special Reference to Jammu and Kashmir

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Abstract

Building on Rich's (1976) foundational distinction between "motherhood" as a patriarchal institution and "mothering" as a lived, embodied, and relational experience, this article explores how maternal identities are constructed, contested, and reimagined within contemporary India, with particular focus on the Union Territory of Jammu and Kashmir. Taking a cultural studies approach following Woodward (2015; 2022) and Hall (1997), it investigates the politics of representation and the material conditions that shape maternal experiences across the subcontinent. Drawing on interdisciplinary perspectives from sociology, political theory, gender studies, and cultural analysis, the article examines the maternal as both a site of meaning-making and sociopolitical negotiation. In contemporary India, motherhood has emerged as an increasingly prominent and contested issue—idealized in religious and nationalist rhetoric, yet materially unsupported for vast numbers of women (Bagchi, 2017). This disjuncture between symbolic valorization and structural neglect is particularly acute in Jammu and Kashmir, where ongoing political conflict, economic precarity, and entrenched patriarchal norms intersect to produce a uniquely challenging terrain for mothers (Shafakat & Ors. v. J&K Bank, 2026). The article argues for the necessity of introducing a matricentric perspective in the Indian context—a mode of feminist thinking and activism that centres mothers' experiences and foregrounds the maternal as a critical site of resistance, negotiation, and possibility (Frigeni, 2024a; O'Reilly, 2021).

1. No Country for Mothers

In a country where the mother goddess is worshipped in myriad forms—Durga, Kali, Lakshmi, Saraswati—and where the nation itself is personified as *Bharat Mata* (Mother India), the figure of the mother occupies an extraordinarily powerful place in the cultural imaginary. Yet, as Bagchi (2017) has underscored, "feminist understanding of motherhood has been central to the unfolding of Indian society from the moment of insertion

into the global capitalist system through the colonizing process to the present day." The mother in India is everywhere—in temples, in political rhetoric, in cinema, in the naming of rivers and harvests—yet she is rarely afforded the material conditions necessary for dignified and autonomous mothering. This paradox lies at the heart of the Indian maternal condition: mothers are revered symbolically yet abandoned structurally.

Rich's (1976) influential distinction between "motherhood" as a patriarchal institution and "mothering" as a lived, potentially empowering experience provides a valuable analytical framework for understanding this contradiction. As O'Reilly (2021) later theorized, this represents a patriarchal and maternalist construction of motherhood: one that exalts maternal self-abnegation while systematically withholding social, political, and economic recognition from actual mothers. In India, entrenched patriarchal norms dictate gender roles, perpetuating men-headed families and patrilineal traditions deeply ingrained in its culture (Gusmano, 2023). Within this framework, mothers continue to grapple with patriarchal oppression, inequality, and violence, underscoring the persistent challenges faced in navigating societal norms and expectations. The ideology of motherhood in India has been profoundly influenced by religious discourse, and the prevalence of goddess worship has facilitated the glorification of motherhood—yet this glorification has often remained in the domain of ideology rather than material practice (Morris & Willson, 2018).

The symbolic centrality of the maternal figure in Indian cultural imaginaries stands in stark contrast to the structural barriers that constrain women's ability to mother with dignity. As Foucault (1978) and Hall (1997) have emphasized, representation is a key site where power is articulated and contested. The Indian state's approach to motherhood reflects what Gusmano (2023) identifies as "relational normativity," encompassing heteronormativity, mononormativity, and monomaternalism—the recognition of only one legitimate mother figure, typically a cisgender, heterosexual, biological mother within a traditional family structure. India's female Labour Force Participation Rate (LFPR) for ages 15+ has increased to approximately 32% (National Statistical Office, 2025). However, the reality of motherhood continues to push women out of the workforce. Childcare and household responsibilities—not a lack of jobs—remain the single biggest reason women stay out of the workforce in India's largest cities (Time Use Survey, 2024). Data from the National Statistical Office Time Use Survey (2024) shows that women spend nearly five hours a day on unpaid domestic and care work—almost eight times as much as men (NSO, 2025). As one analysis puts it, "India's biggest barrier for women who dream to work isn't a lack of jobs. It's unpaid care."

The state's response to these challenges has been ambivalent at best. While the Maternity Benefit (Amendment) Act, 2017 increased paid maternity leave from 12 to 26 weeks, the Act's limited applicability excludes a large portion of the female workforce, particularly those in smaller enterprises and the informal sector. The Pradhan Mantri Matru Vandana Yojana (PMMVY) provides financial assistance of ₹5,000 for the first living child and ₹6,000 for the second child if the newborn is a girl (MWCD, 2024). While welcome, such sums are modest compared to the actual costs of pregnancy, childbirth, and early childcare—and the scheme's coverage remains uneven across states and social groups.

The disconnect between symbolic valorization and material neglect is perhaps nowhere more pronounced than in Jammu and Kashmir (Minello, 2022). The region presents a uniquely challenging context for mothers, shaped by decades of political conflict, economic instability, and deeply entrenched patriarchal structures. As the High Court of Jammu and Kashmir and Ladakh observed in a landmark 2026 ruling (*Shafakat & Ors. v. Jammu and Kashmir Bank Ltd.*), maternity leave is "an unassailable constitutional right anchored in the dignity of women" and cannot be reduced to "a matter of state charity." Yet across the Union Territory, thousands of women serving in hospitals, schools, anganwadis, and government departments on contractual or consolidated pay are denied paid maternity protection solely because of the nature of their appointment. Regular employees receive 180 days of paid maternity leave, while many contractual employees are left without salary support

and often without protection against breaks in service. As the Court noted, "This disparity sends an unfortunate message—that while the labour of contractual women is valued, their motherhood is conditional."

The denial of maternity benefits to contractual workers in Jammu and Kashmir is not merely an administrative oversight but a profound violation of constitutional values (Giorgio, 2016). Article 42 of the Indian Constitution directs the State to provide just and humane conditions of work and maternity relief. The Supreme Court has repeatedly clarified that maternity benefits are not privileges but fundamental entitlements rooted in social justice. In *Municipal Corporation of Delhi v. Female Workers (Muster Roll)* (2000), the Court held that even women employed on muster roll or casual basis are entitled to maternity benefits. More recently, in *Deepika Singh v. Central Administrative Tribunal* (2022), the Court reaffirmed that maternity benefits are linked to constitutional guarantees of dignity and equality.

Yet despite these judicial clarifications, the gap between constitutional promise and lived reality remains vast (Pető & Juhász, 2024). The Jammu and Kashmir Bank's denial of maternity benefits to contractual women employees—which the High Court condemned as "hostile discrimination against motherhood"—exemplifies the systemic failures that mothers face in the region. The Court's rebuke of the Bank for "flexing institutional muscles against women" captures the pervasive institutional hostility that mothers encounter (Shafakat v. J&K Bank, 2026).

2. Demographic Realities: Fertility, Mortality, and Maternal Health

Understanding the material conditions of motherhood in India and Jammu and Kashmir requires careful attention to demographic data (SRS, 2026). These statistics reveal both progress and persistent challenges, painting a complex picture of maternal experiences across the subcontinent.

Table 1: Comparative Fertility Indicators (2023-24)

Indicator	**India**	**Jammu & Kashmir**	**Difference**
Total Fertility Rate (TFR)	2.0 (NFHS-6) / 1.9 (SRS)	1.8	-0.1 to -0.2
Rural TFR	2.1	1.9	-0.2
Urban TFR	1.5	1.5	0.0
Crude Birth Rate (per 1000)	18.3	N/A	N/A

Sources: NFHS-6 (2023-24); SRS Statistical Report (2026)

Statistical Calculation: Percentage Difference in TFR

$$\text{Percentage Difference} = \frac{\text{J\&K TFR} - \text{India TFR}}{\text{India TFR}} \times 100 = \frac{1.8 - 2.0}{2.0} \times 100 = -10\%$$

Interpretation: Jammu and Kashmir's Total Fertility Rate (1.8) is 10% lower than the national average (2.0), indicating a more accelerated fertility transition in the Union Territory. Both India and J&K are now below the replacement level of 2.1 children per woman.

Trend Analysis: J&K TFR Over Time

Period	TFR	Change
NFHS-5 (2019-21)	1.4	Baseline
NFHS-6 (2023-24)	1.8	+0.4 (28.6% increase)

Source: NFHS-5 and NFHS-6 (MoHFW, 2024), Jammu and Kashmir

The 28.6% increase in J&K's TFR from 1.4 to 1.8 represents a notable demographic shift, though experts caution that fertility remains below replacement levels (Economic Survey J&K, 2025).

2.1 Maternal and Child Health Indicators

Table 2: Comparative Maternal Health Indicators (2023-24)

Indicator	India	Jammu & Kashmir	Difference
Institutional Deliveries	90.6%	93.6%	+3.0 pp
Births by Skilled Personnel	91.3%	94.8%	+3.5 pp
Early Antenatal Registration	N/A	89.9%	N/A
Mothers with 4+ ANC Check-ups	N/A	90.6%	N/A
C-Section Rate	27.2%	51.0%	+23.8 pp
Health Insurance Coverage	N/A	96.3%	N/A

Sources: NFHS-6 (2023-24); PIB Release (MoHFW, 2024)

Statistical Calculation: C-Section Rate Disparity

$$\text{Rate Ratio} = \frac{\text{J\&K C-Section Rate}}{\text{India C-Section Rate}} = \frac{51.0}{27.2} = 1.875$$

Interpretation: The C-section rate in Jammu and Kashmir (51%) is nearly double the national average (27.2%), and more than three times the WHO's recommended optimal threshold of 10-15% (WHO, 2015). This represents a significant public health concern requiring urgent regulatory intervention.

Trend Analysis: C-Section Rates in J&K

Setting	NFHS-5 (2019-21)	NFHS-6 (2023-24)	Change (pp)	% Change
Overall	41.7%	51.0%	+9.3	+22.3%
Urban	N/A	68.9%	N/A	N/A
Rural	N/A	47.1%	N/A	N/A
Private Hospitals	82.1%	90.0%	+7.9	+9.6%
Public Hospitals	42.7%	48.6%	+5.9	+13.8%

Sources: NFHS-5 and NFHS-6 (MoHFW, 2024)

Urban-Rural Disparity Calculation:

$$\text{Urban-Rural Gap} = 68.9\% - 47.1\% = 21.8 \text{ percentage points}$$

$$\text{Relative Risk (Urban vs. Rural)} = \frac{68.9}{47.1} = 1.463$$

Women in urban areas of J&K are 1.46 times more likely to have a C-section delivery compared to rural women.

Private-Public Disparity Calculation:

$$\text{Private-Public Gap} = 90.0\% - 48.6\% = 41.4 \text{ percentage points}$$

$$\text{Relative Risk (Private vs. Public)} = \frac{90.0}{48.6} = 1.852$$

Women delivering in private hospitals in J&K are nearly twice as likely to undergo C-section compared to those in public hospitals.

Lal Ded Hospital Data Analysis (April 2025 - March 2026):

Delivery Type	Number	Percentage
Total Deliveries	20,520	100%
C-Section Deliveries	14,507	70.7%
Normal Deliveries	6,013	29.3%

Source: Lal Ded Hospital, Srinagar (cited in Kashmir Observer, 2026)

$$\text{C-Section Proportion} = \frac{14{,}507}{20{,}520} \times 100 = 70.7\%$$

This indicates that at the Valley's largest maternity hospital, more than 7 out of 10 births are now surgical, significantly exceeding both national and WHO benchmarks. The C-section rate at Lal Ded Hospital is nearly 2.6 times the national average (70.7% vs. 27.2%) and more than 4.7 times the WHO-recommended threshold (70.7% vs. 15%).

2.2 Infant and Maternal Mortality

Table 3: Comparative Mortality Indicators

Indicator	**India**	**Jammu & Kashmir**
Infant Mortality Rate (per 1000 live births)	24 (SRS 2024)	16.3 (approx.)
Maternal Mortality Ratio (per 100,000 live births)	87 (SRS 2022-24)	47-80 (J&K Economic Survey)

Sources: SRS Statistical Report (2026); J&K Economic Survey 2024-25

Statistical Calculation: IMR Reduction

$$\text{IMR Reduction (J\&K)} = \frac{\text{India IMR} - \text{J\&K IMR}}{\text{India IMR}} \times 100 = \frac{24 - 16.3}{24} \times 100 = 32.1\%$$

Interpretation: Jammu and Kashmir's Infant Mortality Rate (16.3 per 1,000) is 32.1% lower than the national average (24 per 1,000), indicating better child health outcomes in the Union Territory. This suggests relatively effective healthcare interventions in the region despite the challenging political and economic environment.

MMR Comparison:

J&K's Maternal Mortality Ratio ranges from 47 to 80 per 100,000 live births, compared to the national average of 87, suggesting better maternal health outcomes in the Union Territory. India has seen a 65% reduction in MMR since 2004-06, dropping to 87 per 100,000 live births (ORGI, 2026).

Historical IMR Decline in J&K:

Period	**IMR**	**Reduction**
1990s	~70	Baseline
2023-24	16-18	~74% reduction

Source: Kashmir Observer (2026); SRS Data

2.3 Child Marriage

Table 4: Child Marriage Prevalence (Women aged 20-24 married before 18)

Region	NFHS-5 (2019-21)	NFHS-6 (2023-24)	Change
India	23.3%	20.1%	-3.2 pp
Jammu & Kashmir	4.5%	5.1%	+0.6 pp

Sources: NFHS-5 and NFHS-6 (MoHFW, 2024)

Statistical Calculation: Change in Child Marriage

$$\text{India Change} = 20.1\% - 23.3\% = -3.2 \text{ pp (13.7\% decrease)}$$

$$\text{J\&K Change} = 5.1\% - 4.5\% = +0.6 \text{ pp (13.3\% increase)}$$

Interpretation: While India has made significant progress in reducing child marriage (13.7% decline), Jammu and Kashmir has witnessed a marginal increase of 13.3%, from 4.5% to 5.1%. This reversal warrants policy attention, particularly given the health risks associated with early pregnancies—including anaemia, obstructed labour, premature birth, low birth weight, and maternal death (Bassano & Tiralongo, 2018).

2.4 Women's Labour Force Participation and Unpaid Care Work

Table 5: Labour Force and Unpaid Work Indicators (2024)

Indicator	Value
India Female LFPR (15+ years)	~32%
Women outside LFPR citing care responsibilities	53%
Men outside LFPR citing care responsibilities	1.1%
Women spending on unpaid domestic/care work (daily)	~305 minutes (5.1 hours)
Men spending on unpaid domestic/care work (daily)	~86 minutes (1.4 hours)
Women's unpaid work : Men's unpaid work ratio	3.55 : 1

Sources: Business Standard (2025); NSO Time Use Survey 2024 (NSO, 2025)

Statistical Calculation: Gender Gap in Unpaid Care Work

$$\text{Gender Gap Ratio} = \frac{\text{Women's unpaid work time}}{\text{Men's unpaid work time}} = \frac{305}{86} = 3.55$$

Interpretation: Women spend approximately 3.55 times more time on unpaid domestic and care work than men. This disparity reflects the structural barriers that constrain women's ability to participate in paid employment and pursue career aspirations (Lazzari & Charnley, 2016). As Bruner (1991) and Somers (1994) would argue, these material realities are reinforced through narrative structures that normalize women's primary responsibility for care work.

Jammu and Kashmir Context:

The female urban labour force participation rate among youth (15-29 years) in J&K stands at 30.2%, second only to Himachal Pradesh (34.9%) among Indian states. However, the Union Territory faces significant employment challenges, with 53.6% of women struggling to find jobs (J&K Economic Survey, 2025).

2.5 Financial Support for Maternal Health

Table 6: PMMVY Beneficiaries (2024-25)

Parameter	**Value**
Total Beneficiaries Recognized (India)	3,66,03,183
Top State (Uttar Pradesh)	58,82,393
Funds Disbursed (Total)	₹16,068 Crore
Beneficiaries Paid (2024-25)	77.79 Lakh

Sources: PIB (2025); data.gov.in; MWCD (2024)

Statistical Calculation: Average Benefit per Beneficiary

$$\text{Average Benefit} = \frac{\text{Total Funds Disbursed}}{\text{Total Beneficiaries Paid}} = \frac{₹16{,}068 \text{ Crore}}{3.59 \text{ Crore}} = ₹4{,}475 \text{ per beneficiary}$$

Interpretation: The average benefit under PMMVY is approximately ₹4,475 per beneficiary, slightly below the scheme's intended ₹5,000 benefit, suggesting incomplete disbursement. The scheme covers only the first and second births, leaving many mothers without support for subsequent children.

2.6 Healthcare Access and Financial Inclusion in J&K

Table 7: J&K Healthcare and Socioeconomic Indicators (NFHS-6)

Indicator	**NFHS-5 (2019-21)**	**NFHS-6 (2023-24)**	**Change**
Institutional Deliveries	92.4%	93.6%	+1.2 pp
Early Antenatal Registration	86.6%	89.9%	+3.3 pp

Indicator	NFHS-5 (2019-21)	NFHS-6 (2023-24)	Change
Mothers with 4+ ANC	81.1%	90.6%	+9.5 pp
Mother & Child Protection Card	97.3%	99.0%	+1.7 pp
Health Insurance Coverage	13.8%	96.3%	+82.5 pp
Women with Internet Access	43.3%	63.6%	+20.3 pp
Households with Bank Account	96.8%	98.7%	+1.9 pp
Females (6+) Attended School	70.1%	71.3%	+1.2 pp
Pre-school Attendance (2-4 yrs)	27.2%	40.1%	+12.9 pp

Source: NFHS-5 and NFHS-6, Jammu and Kashmir (MoHFW, 2024)

Statistical Calculation: Health Insurance Coverage Growth

$$\text{Growth in Coverage} = \frac{96.3 - 13.8}{13.8} \times 100 = 597.8\%$$

Interpretation: Health insurance coverage in Jammu and Kashmir has experienced remarkable growth of nearly 600%, from 13.8% to 96.3% of households. This rapid expansion suggests effective implementation of the Ayushman Bharat scheme in the Union Territory.

2.7 Cost of Childbirth

Table 8: Average Expenditure per Childbirth (NSS 2024)

Facility Type	J&K (₹)	India (₹)	Difference
Government Hospital	3,867	2,299	+₹1,568
Private Hospital	42,746	37,630	+₹5,116

Source: National Sample Survey (NSS), National Statistical Office (2025)

Statistical Calculation: Cost Premium in J&K

$$\text{Government Hospital Premium} = \frac{3{,}867 - 2{,}299}{2{,}299} \times 100 = 68.2\%$$

$$\text{Private Hospital Premium} = \frac{42{,}746 - 37{,}630}{37{,}630} \times 100 = 13.6\%$$

Interpretation: Childbirth in government hospitals in J&K costs 68.2% more than the national average, while private hospital costs are 13.6% higher. This places an additional financial burden on families in the Union Territory, contributing to the broader material neglect of motherhood identified by Minello (2022) and Frigeni (2024b).

3. The Politics of Motherhood: State, Nation, and Ideology

In India, as in the Italian context described by Frigeni (2024a; 2024b), motherhood has become a key site of ideological struggle (Pető & Juhász, 2024). Gender metaphors of the female body, femininity, and motherhood have been used as tools of emotional appeal to project socio-political and economic aspirations in the context of a Hindu nation (Morris & Willson, 2018). The ideal nation-state with women as the icon of mother at its core is founded on the restrictions and exploitations of a mother. This dynamic reflects what O'Reilly (2021) terms a patriarchal and maternalist construction of motherhood—one that exalts maternal self-abnegation while systematically withholding social, political, and economic recognition from actual mothers.

The personification of the nation as *Bharat Mata* (Mother India) is particularly significant in this context (Bagchi, 2017). The idea of motherhood in India extends beyond biology into mythology, nationhood, and devotion. This conflation of the maternal body with the national body has profound implications for how mothers are perceived and treated. When the nation is imagined as a mother, actual mothers are called upon to embody the nation's virtues—sacrifice, purity, devotion—while being denied the material support necessary for dignified mothering (Bassano & Tiralongo, 2018; Bravo, 1997).

The state's approach to motherhood is shaped by what Gusmano (2023) identifies as "relational normativity," encompassing heteronormativity, mononormativity, and what might be termed monomaternalism—the recognition of only one legitimate mother figure, typically a cisgender, heterosexual, biological mother within a traditional family structure. This normative framework is reinforced through state policies, cultural representations, and institutional practices that marginalize non-normative maternal identities and family formations (Montecchio, 2024).

In Jammu and Kashmir, these dynamics intersect with the region's specific political context. The ongoing conflict and militarization have profound implications for mothers, who bear the brunt of displacement, loss, and economic precarity. The region's status as a disputed territory adds another layer of complexity to maternal experiences, as mothers navigate not only patriarchal norms but also the violence and instability of political conflict. Child marriage, early pregnancies, and poverty continue to drive a silent health crisis among tribal women and girls in Kashmir (Ammirati, 2020).

The legal framework governing maternity in Jammu and Kashmir reflects these tensions. The High Court's ruling in *Shafakat & Ors. v. Jammu and Kashmir Bank Ltd.* (2026) represents a significant assertion of maternal rights, yet it also reveals the persistent gap between constitutional promise and institutional practice. The Court observed:

"Maternity leave cannot be reduced to a matter of state charity. It is an unassailable constitutional right anchored in the dignity of women. Treating maternity leave as a break in service for contractual women employees constitutes hostile discrimination against motherhood, contrary to Articles 14, 15, and 42 of the Constitution of India."

This ruling aligns with earlier Supreme Court jurisprudence in *Municipal Corporation of Delhi v. Female Workers (Muster Roll)* (2000) and *Deepika Singh v. Central Administrative Tribunal* (2022), which established that maternity benefits are not privileges but fundamental entitlements rooted in social justice (Giorgio, 2016).

However, as the J&K High Court noted, the denial of these benefits persists despite judicial clarifications, revealing the institutional hostility that mothers continue to face (Frigeni, 2024b).

4. Cultural Narratives of Mothering and Motherhood

As Woodward (2022) observes, "motherhood has long been an absent presence, assumed by and yet left unrecognized and unstated"—and what is most often missing are mothers' own voices. This observation holds particular resonance in the Indian context, where representations of motherhood across cinema, literature, television, and visual culture have historically been dominated by idealized, homogenized images that bear little resemblance to the complexity of lived maternal experience (Kaplan, 1992).

The representation of motherhood in Indian cinema has often been based on conventional gender norms, its ideology and performance aligning with traditional patrifocal social structures where women are marginalised and oppressed (Morris & Willson, 2018). Bollywood has evolved in its representation of motherhood from the "all-inscribing, homogenised motherhood-ideal glorified in the Hindi films of the 70s and the 80s" to more complex portrayals that situate single mother characters as agents of social change who transcend traditional maternal stereotypes (Bagchi, 2017). Contemporary Bollywood sports dramas grapple with the tension between cultural expectations of motherhood and the aspirations of women sportspersons (Lazzari & Charnley, 2016).

Indian women writers have critically challenged the narrow idea of maternal choice, offering alternative representations of motherhood through contemporary literature and poetry (Wahlström Henriksson, Williams, & Fahlgren, 2023). These narratives navigate "the rocky terrains of motherhood to reveal the intricate and intriguing bond that binds a mother to her child" within the perspective of a politically charged and culturally bound Indian society (Bagchi, 2017). The emergence of narratives about reluctant mothers, childfree women, and non-normative maternal experiences represents a significant shift in cultural representation, challenging the hegemonic ideal of motherhood as the ultimate fulfillment of female identity (Bravo, 1997).

As Hall (1997) and Foucault (1978) have emphasized, representation is a key site where power is articulated and contested. Motherhood, far from being a private or purely biological matter, is a deeply mediated construct, defined by shifting scripts of normativity, virtue, sacrifice, and deviance. Within this framework, representations of motherhood are never neutral or purely descriptive; they are interpretive acts that shape how maternal identities are understood, valued, or contested within the social and political sphere (Woodward, 2015; Somers, 1994).

In Jammu and Kashmir, cultural narratives of motherhood are shaped by the region's unique political and social context. The figure of the Kashmiri mother appears in literature, poetry, and oral traditions as both a symbol of resilience and a site of grief and loss. The *mujra* and other performative traditions have long featured maternal figures, while contemporary Kashmiri literature grapples with the experiences of mothers in a conflict zone (Morris & Willson, 2018). However, as elsewhere, the voices of actual mothers—particularly those from marginalized communities—remain underrepresented in mainstream cultural narratives (Kaplan, 1992).

5. The Feminist Ambivalence: Motherhood as a Feminist Question

Feminist discourse on motherhood in India is marked by a profound ambivalence, caught between a critical legacy that has historically challenged the patriarchal construction of maternity and the pressing need to reclaim and rearticulate maternal experiences in light of contemporary feminist struggles (Ammirati, 2020). As in the Italian context described by Casarino and Righi (2018), Indian feminists are "never quite done with the mother."

The Indian women's movement has long grappled with questions of motherhood, reproduction, and care (Bagchi, 2017). From the campaigns against dowry and sati in the nineteenth century to the contemporary struggles for reproductive rights and bodily autonomy, the maternal has been a persistent—if often contested—site of feminist concern. Yet there remains a symbolic void around the maternal in much contemporary feminist discourse (Frigeni, 2024a). There is a pervasive sense of alienation and disorientation among feminist mothers, caught between the pressures of patriarchal norms and the critiques of feminist thought, struggling to articulate diverse and evolving maternal identities (O'Reilly, 2021).

This ambivalence is partly rooted in the matriphobic tendencies of second-wave feminism, which often viewed motherhood as an obstacle to women's liberation rather than a potentially empowering experience (Rich, 1976). For many contemporary Indian feminists, motherhood remains either an anachronism to be sidelined or a taboo to be avoided, especially in its more complex or non-normative forms (Casarino & Righi, 2018). The voices of feminist mothers—particularly those navigating the intersections of motherhood with caste, class, religion, and region—are frequently marginalized, if not silenced, within dominant feminist discourses (Gusmano, 2023).

What is needed is a feminist reappropriation of the maternal—one that recognizes the multiplicity of mothering practices and promotes theoretical and political frameworks attentive to their lived realities (Frigeni, 2024a). This requires what might be called a *matricentric perspective*: a mode of feminist thinking and activism that centres mothers' experiences and foregrounds the maternal as a critical site of resistance, negotiation, and possibility (O'Reilly, 2021; Frigeni, 2024a). As Olufemi (2020) asserts: "The feminist imagination carves out a site of agency that forms the impetus for action ... It enables resistant acts to take place by dismantling hegemonic notions of what is permissible under current conditions" (p. 35). Such an approach reveals that an Indian matricentric feminism already exists, often in muted, contested, or marginal forms, and urgently needs to be voiced (Baumeister & Horton, 1996).

6. Positioning the Maternal: Voices, Formats, Perspectives

This article has sought to map the constellation of maternal representation and resistance in contemporary India, with particular attention to the Union Territory of Jammu and Kashmir. It has explored how traditional ideals of motherhood coexist and collide with more subversive, intersectional, or precarious maternal narratives (Wahlström Henriksson, Williams, & Fahlgren, 2023). Key questions that emerge from this analysis include (Woodward, 2015; Somers, 1994):

1. How do representations of mothering in India reflect or resist political, religious, and cultural discourses on gender and family? (Frigeni, 2024b; Morris & Willson, 2018)

2. What narrative and symbolic strategies are used to construct or deconstruct maternal imaginaries in Indian literary and cultural texts? (Kaplan, 1992; Hall, 1997)

3. To what extent do contemporary works by LGBTQ+ individuals, migrants, or artists from marginalized backgrounds challenge hegemonic models of motherhood? (Gusmano, 2023; Montecchio, 2024)

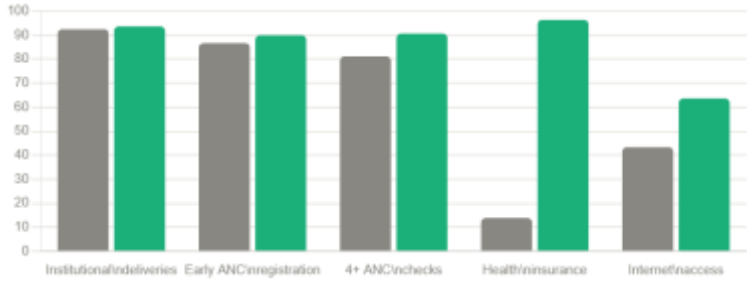
4. How do intersectional perspectives—considering caste, class, religion, region, and sexuality—reshape what is thinkable and sayable about mothering in India? (Bagchi, 2017; Bassano & Tiralongo, 2018)

5. How are alternative family structures, reproductive autonomy, and maternal labor negotiated in cultural texts in light of evolving social and identity frameworks? (Lazzari & Charnley, 2016; Minello, 2022)

6. What is the current state of Indian feminist criticism on motherhood, and what are its dominant theoretical approaches, unresolved tensions, and emerging directions**?** (Casarino & Righi, 2018; O'Reilly, 2021)

By centering representation, this analysis does not aim to displace lived maternal experiences but rather to interrogate the cultural logics through which those experiences are rendered visible, intelligible, or delegitimized (Woodward, 2022). Representation is approached here not as a substitute for material realities but as a critical site where meaning is produced, contested, and potentially reimagined—a terrain, in other words, for feminist critique, political resistance, and speculative reconstruction of the maternal (Bruner, 1991; Foucault, 1978).

Graphical representation: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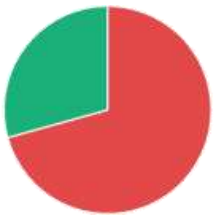
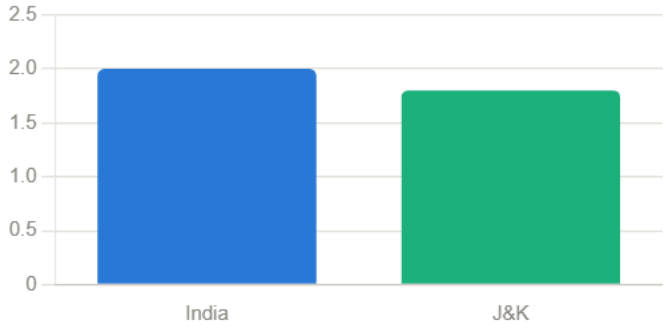
80
70
60
50
40
30
20
10
0
Institutional/indeliveries
Early ANC\nregistration
4+ ANC\nchecks
Health\ninsurance
Internet\naccess




2.5
2.0
1.5
1.0
0.5
0
India
J&K


1.8
1.6
1.4
1.2
1.0
0.8
0.6
0.4
0.2
0
NFHS-5
NFHS-6


70
60
50
40
30
20
10
0
Urban
Rural


60
50
40
30
20
10
0
NFHS-5
NFHS-6


70
60
50
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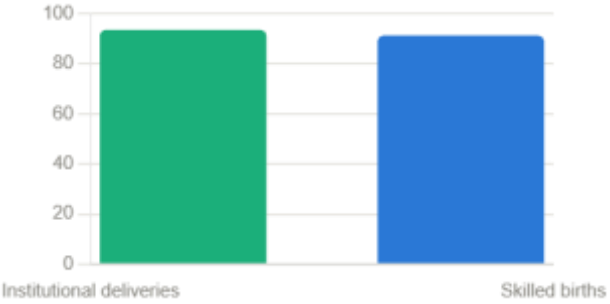
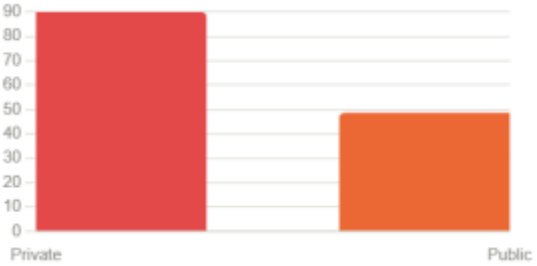
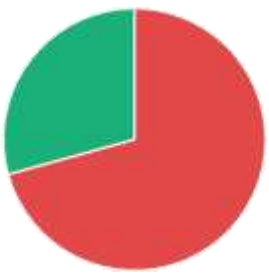
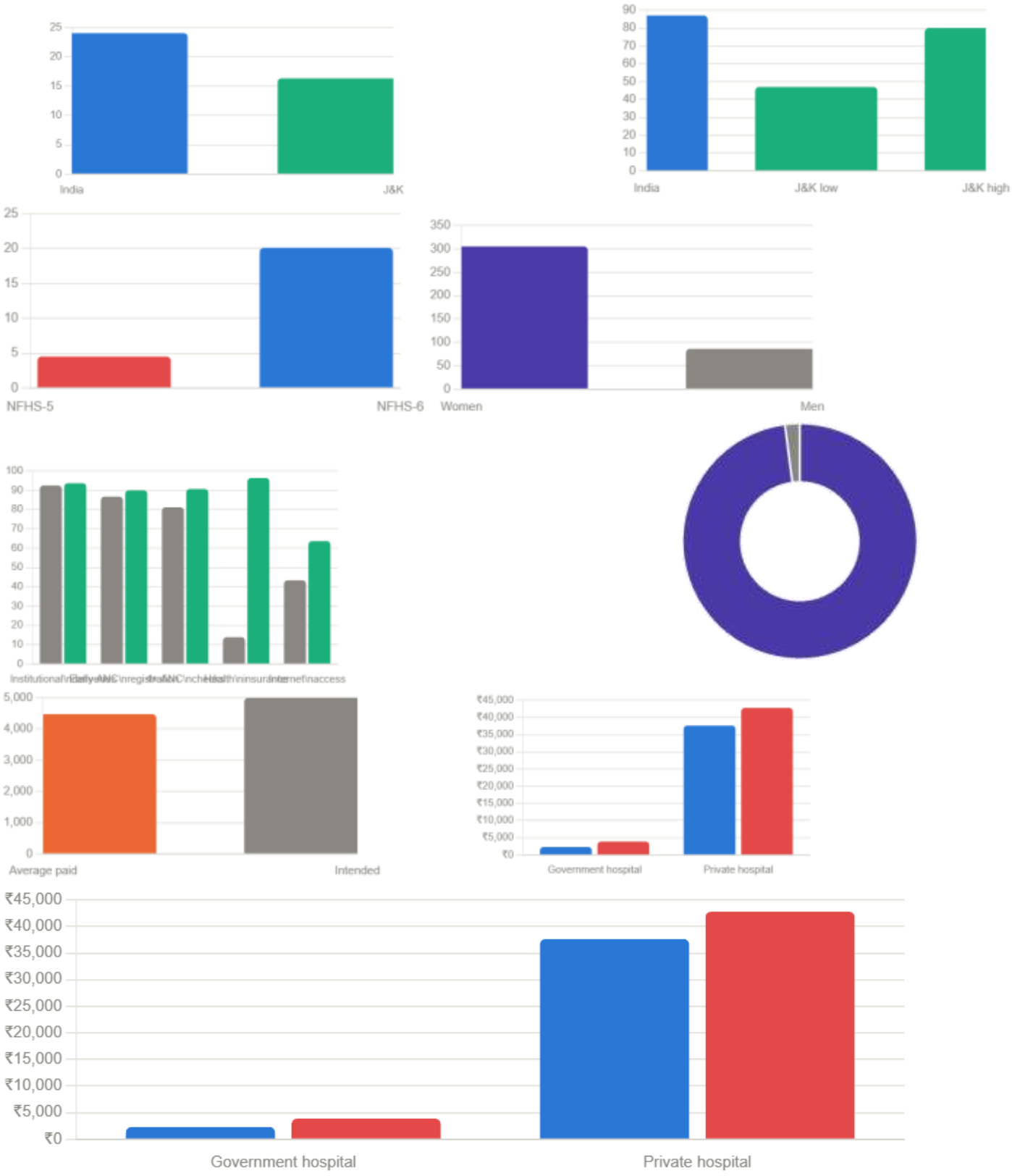
1990s
2023-24


60
50
40
30
20
10
0
India
J&K
WHO max


100
80
60
40
20
0
Institutional deliveries
Skilled births


90
80
70
60
50
40
30
20
10
0
Private
Public





7. Conclusion: Towards a Matricentric Future

The persistent tension between symbolic valorization and material neglect of motherhood in India reflects a broader institutional failure to support maternal citizenship in substantive terms (Frigeni, 2024a; Minello, 2022). Successive governments, irrespective of ideological orientation, have consistently favored rhetorical affirmations over policies that address the structural and social realities of mothering (Giorgio, 2016). This

dynamic is particularly acute in Jammu and Kashmir, where the intersection of political conflict, economic precarity, and entrenched patriarchal norms produces a uniquely challenging terrain for mothers (Shafakat v. J&K Bank, 2026).

Yet within this inhospitable climate, mothers continue to mother—with creativity, resilience, and determination. They navigate inadequate childcare provision, rigid labor market structures, persistent gender wage disparities, and minimal paternal participation in caregiving (NSO, 2025). They challenge the normative frameworks that would confine them to narrowly defined maternal roles (O'Reilly, 2021). They tell their stories through literature, cinema, social media, and everyday acts of resistance (Bagchi, 2017; Kaplan, 1992).

The task for feminist scholarship and activism is to amplify these voices, to make visible the diversity and complexity of maternal experiences, and to demand the material conditions necessary for dignified mothering (Frigeni, 2024a; Olufemi, 2020). This requires a feminist reappropriation of the maternal—one that recognizes the multiplicity of mothering practices and promotes theoretical and political frameworks attentive to their lived realities (O'Reilly, 2021). It requires what might be called a *matricentric feminism*: a mode of feminist thinking and activism that centres mothers' experiences and foregrounds the maternal as a critical site of resistance, negotiation, and possibility (Frigeni, 2024a; Baumeister & Horton, 1996).

In Jammu and Kashmir, as across India, the maternal offers a powerful lens through which to interrogate the politics of gender, care, and citizenship (Woodward, 2015). The stories of mothers—in all their diversity and complexity—reveal both the injustices of the present and the possibilities of a more just future (Casarino & Righi, 2018). As the High Court of Jammu and Kashmir and Ladakh reminded us in *Shafakat v. J&K Bank* (2026), motherhood is not a matter of charity but a constitutional right anchored in the dignity of women. The task now is to ensure that this dignity is realized in practice—in policies, in institutions, in cultural representations, and in the everyday lives of mothers across the subcontinent.

Dimension	**India**	**Jammu & Kashmir**	**Key Disparity**
Total Fertility Rate	2.0	1.8	10% lower in J&K
Institutional Deliveries	90.6%	93.6%	3.0 pp higher in J&K
C-Section Rate	27.2%	51.0%	87.5% higher in J&K
Infant Mortality Rate (per 1000)	24	16.3	32.1% lower in J&K
Child Marriage Rate	20.1%	5.1%	74.6% lower in J&K
Health Insurance Coverage	N/A	96.3%	597.8% growth (NFHS-5 to 6)
Government Hospital Childbirth Cost	₹2,299	₹3,867	68.2% higher in J&K
Women's Unpaid Work Time	305 mins/day	Similar pattern	3.55 times men's

Summary of Key Statistical Findings

Policy Recommendations

Based on the statistical analysis and theoretical framework presented in this article, the following policy recommendations emerge:

1. **Regulate C-Section Practices:** Implement mandatory C-section audits in all healthcare facilities, with justification required for each surgical delivery. The WHO (2015) recommendation of 10-15% should serve as a benchmark for monitoring.

2. **Strengthen Maternity Benefit Coverage:** Extend paid maternity leave protections to all contractual and informal sector workers, in compliance with *Municipal Corporation of Delhi v. Female Workers* (2000) and *Shafakat v. J&K Bank* (2026).

3. **Invest in Childcare Infrastructure:** Expand affordable childcare facilities to enable women's participation in the workforce, addressing the 53% of women who cite care responsibilities as the primary reason for leaving the labour force (NSO, 2025).

4. **Address Child Marriage Reversal:** Strengthen enforcement of the Prohibition of Child Marriage Act, particularly in districts showing reversal trends in Jammu and Kashmir.

5. **Reduce Healthcare Costs:** Subsidize maternal healthcare services to reduce the financial burden on families, addressing the 68.2% cost premium for government hospital childbirths in J&K.

6. **Promote Shared Caregiving:** Implement policies encouraging paternal participation in caregiving through paternity leave and flexible work arrangements, addressing the 3.55:1 gender gap in unpaid care work (Time Use Survey, 2024).

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