

# The Religious and Cultural Bases for Breastfeeding Practices Among the Hindus

NIRUPAMA LAROIA<sup>1</sup> and DEEKSHA SHARMA<sup>2</sup>

## ABSTRACT

In Hindu communities, breastfeeding is nearly universal and continues for most children beyond infancy. This review examines the religious and cultural basis for the contemporary breastfeeding practices amongst the Hindu. Practices at the time of birth and feeding rituals like prelacteal feeds, importance and timing of complementary feeds, and protections for the breastfeeding mother are examined from the published medical literature and available religious texts. Hindu Vedic literature and ancient ayurvedic texts underscore the importance of breastfeeding in the Hindu society. Although almost every Hindu child gets some breastfeeding, exclusive breastfeeding for the recommended duration and early initiation of breastfeeding are not that common. As birth of a baby is a celebration for family and society, breastfeeding is strongly influenced by cultural and religious ceremonies. In today's context, although women may receive guidance from health care professionals, relatives—especially grandmothers—have an important influence on breastfeeding practices.

## INTRODUCTION

HINDUISM IS THE THIRD LARGEST RELIGION in the world (after Christianity and Islam). The largest Hindu population resides in India, but the Hindu population in the western world is rising to a sizeable minority. This commentary examines the social and religious significance of childbirth and practices related to breastfeeding in Hindu culture. The authors examine the status of current feeding practices in the context of their theological and cultural basis for the positive attitude toward breastfeeding in the Hindu population. An attempt also is made to understand the barriers to optimal feeding practices.

Despite the fact that breastfeeding is one of the oldest practices recommended in the ancient Hindu scriptures, there is increasing concern in recent years about the changing pattern of breastfeeding, particularly in rapidly changing societies. Breastfeeding is almost universal in India, yet large differences have been observed among population groups within the country. A downward trend in breastfeeding has been seen in urban areas, especially among mothers with an improved socioeconomic status who resort to formula feeding. Most mothers have some understanding of the superiority of breast milk over commercial formulas and cow's milk, but the lure of advertising has taken its toll.

---

<sup>1</sup>University of Rochester, Rochester, New York.

<sup>2</sup>Breastfeeding Promotion Network of India, New Delhi, India.

### HINDU MYTHOLOGY: BIRTH RITUALS

Hindu religion consists of “thousands of different religious groups that have evolved in India since 1500 BC.” The religion does not have a single founder, a specific theological system, or a central religious organization. The primary sacred texts are the Vedas (1800 BC). These four texts (Rig Veda, Sama Veda, Yajur Veda, and Atharva Veda) contain hymns and rituals from ancient India. The Upanishads deal with the Vedic philosophy. Ancient Ayurvedic writings, such as the Charak Samhita<sup>1</sup> (a collection of the works of Acharya Charak, the father of medicine, 400–200 BC), the Sushruta Samhita<sup>2</sup> (a collection of works of Sushruta, a surgeon in the Gupta period, 400 BC), and the Kashyap Samhita<sup>3</sup> (a pediatrician) have all contributed to the current beliefs. Scriptures were originally written in Sanskrit, a language in which most modern Hindus are no longer literate; therefore, customs have tended to be passed on by word of mouth over the years. Hinduism is steeped in history, with ritual celebrations and ceremonies for marriage, birth, and lactation, among others. Many of these rituals can be traced to the traditions established by the early Indo-Aryans more than 3000 years ago. However, some may have arisen from folk beliefs and contact with other invading cultures.

### IMPORTANCE OF BREASTFEEDING

In the earliest Indian literature, the Vedas mention that milk and breast are symbolic of longevity and nectarine sweetness. The breast has been conceived as a pitcher full of nectar (Atharva Veda). The Yajurveda (verse 17/87) reflects: “Drink in the middle of the flood, O Agni, this breast stored full of sap, teeming with water. Welcome this fountain redolent of sweetness. O courser, enter those thy watery dwelling.” The Charak Samhita (verses 8/52:957, 8/46:950) depicts the importance of breastfeeding, and the Kashyap Samhita describes the qualities of breast milk. Breast milk has been thought to have great powers. Its life-giving powers are highlighted in select quotations from the religious texts.

Shiva, the god of destruction, as well as the lord of cattle, yogis, and asceticism, grants his wife, the goddess Parvati, her wish for a son by creating a baby boy from part of her dress. Despite Parvati’s skepticism, the baby Ganesh comes to life when Parvati puts him to her breast.

Sushruta Samhita describes the power of breast milk. “May four oceans, full of milk, constantly abide in both your breasts, you blessed one, for the increase of the strength of the child! Drinking of the milk, whose sap is the sap of immortal life divine, may your baby gain long life, as do the gods by feeding on the beverage of immortality!” (Sushruta, III, 10).

### COLOSTRUM AND PRELACTEAL FEEDS

Beliefs about colostrum vary in communities; many mothers discard colostrum, believing that it is deleterious to the child. The infant may be fed cow’s milk, water, or honey during this initial, very important period for establishment of lactation. It is a common practice in various parts of India to discard the first yellowish-colored milk “colostrum.” It has been seen that this practice varies according to birth order, being the highest for the third birth order and higher for a male child than for a female child. Although the practice is common in India, it has not been documented in the Indian immigrant population in western countries such as the United Kingdom<sup>4</sup> or the United States.<sup>4,5</sup> Breastfeeding generally is initiated 24 hours after the birth, and often as late as 48 or 72 hours.

Prelacteal feed is the feed given to the newborn before initiation of breastfeeding. This practice delays the initiation of breastfeeding and hampers the proper establishment and future success of breastfeeding. Prelacteal feeding is not new in the Indian society. Honey and clarified butter (ghee) are thought to evacuate meconium. Delaying breastfeeding until the fifth day has been reported in the Brahminical literature (second century BC). Although recognized that mother’s milk is best for the child, nevertheless, the ancient medical literature suggests that a few drops be discarded at every feed, for purifying the tubules. The literature can seem conflicting, as the Charak Samhita ad-

vises breastfeeding on the very first day but Sushruta Samhita suggests breastfeeding on the third day.

After giving ghee and honey, right breast should be offered for sucking. Before giving breast milk, breast should be slightly squeezed or milk should be drained. Gentle squeezing out of milk before lactation ensures patency of lactiferous tubules and prevents complications like vomiting, dyspnea, cough and fever in the neonate, which can occur if breast milk is not discarded.

It seems clear that squeezing out of milk is only for opening of tubules. Therefore, although it is not clear that colostrum should be discarded, over the centuries it may have been interpreted as such. The first feed of breast milk was encouraged to provide good growth and strength in different parts of the body, and longevity as well as good health for the child.

Following birth, the child is welcomed into the family during a traditional ceremony, *Jatakarma* or *Suwarna Prashan Samskar*. Prelacteal feeds are part of this ceremony. The father touches and smells the child and whispers religious verses (mantras) into the ears of the infant to promise the baby a safe and comfortable environment. A family member with "virtuous qualities" writes with jaggery (*gur*, unrefined brown sugar) dipped in ghee the word "Om" onto the tongue of the neonate in the hope that the person's good qualities are passed on to the infant. Symbolically, female members of the family wash a nursing mother's breasts before breastfeeding is commenced. *Megha janan* (literally, production of intelligence) is performed during the *jatkarma*, in which the father with his fourth finger and a gold rod gives honey or pure ghee to the child. If a son is born, the father should give him butter and honey with a golden spoon. A mantra is recited, "I give thee the wisdom of honey born of *satvir*, the bountiful, of long life and protected by the gods, may you live a hundred years in this world." Many minor texts also have described these rituals.

## COMPLEMENTARY FEEDING

The Sushruta Samhita clearly mentions weaning. At the age of 6 months when teething occurs, the child should be given small and useful food. Weaning can be postponed for a few months till teething occurs. Early weaning can lead to a protuberant abdomen. The Sushruta Samhita also recommends that breastfeeding alone be continued until the mother gets pregnant. The text observes that children who are weaned early usually remain lean throughout life. *Anna Prashan* (giving of first solid food) should be done only when child is able to digest food. The ceremony is described in the following way: The father should give him to eat food mixed with curds, honey and butter with the following mantra, "O Lord of food! Give us food nourishing and strong. Uplift the giver; bestow power on us, men and animals." The Yajurveda (verses 11/83) explains: To make a child bright, rice with curd and ghee should be given to him with the following mantra. "A share of food, O lord of food, vouchsafe us, invigorating food that brings no sickness onward, still onward lead the giver. Grant us maintenance both for quadruped and biped." It was believed that the *Anna prashan* should be performed in the sixth month, but no later than a year, as delaying it was not good for either the mother's health or the baby's digestive system.

## PROTECTIONS FOR THE PREGNANT AND BREASTFEEDING MOTHER

Traditionally, an expectant mother is required to rest as much as possible after the seventh month of pregnancy. To this end, it is not unusual for the young mother to go to her parents' home for the delivery of her first child. The recuperation time for the mother and baby usually lasts for 40 days after birth, during which she is protected from housework and exclusively looks after the newborn infant. Traditionally, she is cared for by female relatives and is encouraged to remain at home, where she is to obtain adequate rest and is offered special food along with regular meals. One of the

traditional foods is called *katlu* or *panjiri*, prepared by frying whole wheat flour in butter and adding sugar, almonds, pistachios, and different herbs. Because this food has a "hot effect," it is believed to restore energy that the mother lost during the birth process. Other hot foods commonly consumed by the postpartum woman include dried fish, eggplant, dhal, drumsticks, and greens. These foods are considered to be good for lactation. The ancient literature describes the importance of a good diet for lactation, and recommends foods such as wheat, rice, jaggery, oil, ghee, milk, leafy vegetables, mutton soup, garlic, onion, and fish, and avoidance of a fat-free diet with sour, salty, and astringent tasting foods. This period is crucial for establishment of breastfeeding and warding off postnatal depression. The concept of rooming-in is described in the *Sushruta Samhita*, which states that the sight, sound, or touch of the baby is enough to promote lactation in the mother. The ancient literature recommends complete rest and avoidance of physical exertion, hunger, and sexual excitement.

### WET NURSING

There is no mention of bottle feeding in the scriptures. Historic documents are rife with stories of wet nurses when the mother (usually royalty) chose not to breastfeed her infant or occasionally in the event of inability of the mother to breastfeed her infant. It is believed that Ayurvedic treatment was mainly given to kings and their families. Wet nurses were arranged for breastfeeding of the royal and elite children. A detailed description of a wet nurse is available in Ayurvedic texts. Otherwise wet nursing was promoted in special situations, in which the mother had died, was seriously ill, or had some serious breast disease or abnormal milk. The wet nurse was thoroughly examined, and was disqualified if "stricken with grief, hungry, tired, always diseased, pregnant, afflicted with fever and consumes diet which produces indigestion and disease in the child."

### BELIEFS ABOUT CONTRACEPTION

One of the reasons breastfeeding is nearly universal and prolonged, especially in the rural areas, is because of the widespread belief that it is effective in postponing the next pregnancy. Contemporary literature<sup>6</sup> shows that ovulation is likely to return sooner in women who partially breastfeed than those who exclusively breastfeed.

### CONTEMPORARY PRACTICES

Reports from the National Institute of Population Studies in India show that the percentage of mothers ever breastfeeding their infant is the same (95%) across the sex of the child, residence (rural/urban), mother's education, caste/tribe, and place of delivery.<sup>2,7</sup> Other studies report that although breastfeeding was maintained at a high level (90%) throughout infancy among the urban poor in New Delhi, exclusive breastfeeding showed a rapid decline. Exclusive breastfeeding declined to 74% at 1 month and 46% by 4 months.<sup>8</sup> Studies in newborn feeding practices in mothers from the upper socioeconomic status and graduate-level education showed that half the mothers continue to give a prelacteal feed of honey, delaying the first feed to the infant. Colostrum continues to be discarded in one-fourth to one-half of infants.<sup>9</sup> Although the median duration of breastfeeding is slightly over 2 years, supplementation begins early. The median length of exclusive breastfeeding is only 1.4 months and the median length of full breastfeeding (breastfeeding + water) is 4.7 months.<sup>7</sup> Initiation of early feeding (within 4 hours) was higher (61% versus 51%) in literate mothers and the incidence of prelacteal feeds was lower (45% versus 58%) when compared with their illiterate counterparts.<sup>10</sup> Exclusive breastfeeding is higher among illiterate mothers and mothers younger than 25 years. No differences were described in the frequency of feeding during the day or night among literate or illiterate mothers, and no differences were noted by sex of the index child. Kannan et al.,<sup>5,11</sup> in studies of Asian-Indian-American mothers living in the United States showed that the incidence of exclusive breast-

feeding declined after 1 month, 40% were exclusively breastfeeding at 4 months, and none of the mothers were still breastfeeding at 12 months. More than half the grandmothers were living with the infants' parents for the first 6 months and were a significant source of information and guidance to the new mothers. Their recent publication shows that although Asian-Indian women tended to delay the first breastfeed to as much as 12 hours and 24% gave prelacteal feeds, this was much improved from their Indian counterparts (30 hours and 68%, respectively).<sup>11</sup>

### CONCLUSION

Hindu Vedic literature and ancient ayurvedic texts underscore the importance of breastfeeding in the Hindu society. Hindu society overall believes that breast milk is the ideal food for the newborn, and many rituals surround the time of birth and focus on breastfeeding. Breastfeeding is nearly universal among Hindu women, although exclusive breastfeeding is not that common. Hindu women tend to breastfeed their infants for up to 1 year or longer. Beliefs about prelacteal feeds and colostrum tend to be followed variably. It is possible that the relatively lower exclusive breastfeeding rates among literate women may be related to their better socioeconomic status and possible influence by the mass media. Asian-Indian women who come to live in the United States demonstrate different feeding practices than their Indian counterparts. In India, women may receive guidance about breastfeeding primarily from their relatives and friends, whereas in the United States counseling may be provided by health professionals, although grandmothers still play an important role.

Studies confirm that effective behavior change in breastfeeding can be achieved through the existing health care systems if trained health workers or peer counselors provide counseling to mothers and families. It is important to understand the cultural basis and potential barriers to appropriate breastfeeding practices, especially for the immigrant populations in western countries. Based on personal experience and resources of information, inclusion of the infant's paternal/maternal grandmother in

nutrition education sessions is essential. Lack of exclusive breastfeeding mostly results from the mother's feeling of "not enough milk," which can be improved by counseling and confidence building. Many mothers give prelacteal feeds because of traditional practices, although not enough data are available that describe this practice among Indian immigrant families in western countries. This is likely to improve with increased scientific knowledge and support. Increasing exclusive breastfeeding requires a behavior change and is a process that can be achieved through input from both families and medical providers.

### REFERENCES

1. Sharma PV (translator). *Charak Samhita*. Chaukhamba Orientalia, Varanasi, India, 1981.
2. Bhisagratna KL (translator). *Sushruta Samhita*. Chaukhamba Orientalia, Varanasi, India, 1991.
3. Pal M. The Ayurvedic tradition of child care: Paediatric wisdom of ancient India. *Clin Pediatr* 1973;12:122-123.
4. Gatrud AR, Ray M, Sheikh A. Hindu birth customs. *Arch Dis Child* 2004;89:1094-1097.
5. Kannan S, Carruth BR, Skinner J. Infant feeding practices of Anglo American and Asian Indian mothers. *J Amer Coll Nutr* 1999;18(3):279-286.
6. Van Ginneken JK. Prolonged breastfeeding as a birth spacing method. *Studies Fam Planning* 1974;5(6):201-206.
7. National Family Health Survey (NFHS-2). International Institute of Population Sciences, Mumbai, India, 1999.
8. Chhabra P, Grover VL, Aggarwal OP, Dubey KK. Breastfeeding patterns in an urban resettlement colony of Delhi. *Indian J Pediatr* 1998;65(6):867-872.
9. Singhanian RU, Kabra SK, Bansal A. Infant feeding practices in educated mothers from upper socioeconomic status. *Indian Pediatr* 1990;27(6):591-593.
10. Gupta A, Gupta YP. *Status of Infant and Young Child Feeding*. Breastfeeding Promotion Network of India, New Delhi, India, 2004.
11. Kannan S, Carruth BR, Skinner J. Neonatal feeding practices of Anglo American mothers and Asian Indian mothers living in the United States and India. *J Nutr Educ Behav* 2004;36(6):315-319.

Address reprint requests to:  
Nirupama Laroia, M.D.  
601 Elmwood Avenue  
P.O. Box 651  
Rochester, NY 14642

E-mail: nirupama\_laroia@urmc.rochester.edu

**This article has been cited by:**

1. Rahul Malhotra, Amit Noheria, Omar Amir, Leland K. Ackerson, S.V. Subramanian. 2008. Determinants of termination of breastfeeding within the first 2 years of life in India: evidence from the National Family Health Survey-2. *Maternal & Child Nutrition* 4:3, 181-193. [[CrossRef](#)]