

Breast Feeding in Nepal: Religious and Culture Beliefs

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Introduction

It is commonly known that there is wide publicity and propaganda for the encouragement of bottle-feeding in most of the developing countries of the world. Unlike in developing countries, life in the developed countries is more complex, the standard of living is high, and the feeling of solidarity is less prevalent. The developed countries have achieved the kind of modernisation-wherein human life has changed from homogeneity to heterogeneity and from solidarity to isolationism.

In Nepali society, breast-feeding, in one way or another, has wider socio-religious explanations, attitudes, norms and values by which the continuity of breast-feeding is stressed and exhibited. Moreover, bottle-feeding to Nepali children may not be well suited so far as our socio-economic framework is concerned. Because of the poor economic status, people cannot afford the high price of bottle-feeding in Nepal, but it is gaining ground only among some of the affluent families in the form of fun and fashion and in some cases it has become necessity. But so far as rural areas are concerned, it can be fairly said that most of the mothers of rural Nepal have not even heard about bottle-feeding practices.

Above all, in this paper, I am going to argue that breast-feeding is more economical, natural, and socially accepted practice among all the Nepali mothers. In addition to this, breast-feeding in Nepal is culturally patterned, socially well accepted and ritually sanctioned (Bennett 1977, Bista 1967, Dahal 1979, Paneru 1980).

The nutritional value of breast-milk has productive capacity against infection, and spacing value to a certain point makes breast feeding the primary prescription for fighting against malnutrition, infections and encouraging child spacing.

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It shows that children under the age of 5, who are experiencing rapid growth, are therefore vulnerable. The main immediate causes of death in the above cases are diarrhoeal disorders, dehydration, pneumonia, tuberculosis and respiratory diseases although malnutrition is an important underlying cause. In most cases reported illness coupled with malnutrition result in stunting. It is feared that such children may not be able to achieve their full intellectual potential.

Demographic Background

Nepal is a land-locked mountainous country sandwiched between the two big neighbours, China and India. It is estimated that in 1981 the population of Nepal will be about 14.3 million and for some time to come the population is expected to be growing at the rate of at least 2.3 percent per year. 96% of the people are rural and live in hamlets and scattered settlements with varying degree of dispersion. Literacy is limited to 19.2% of which female literacy is only about 5.2 percent.

Nepal along with many other developing countries has a young population, 42% being under the age of 15 years and 19% under the age of 6 years (1971 census). The demographic sample survey 1974/75 of Nepal reports the adjusted crude birth rate (CBR) 44.7 which is 1.8 points higher than the estimate of the 1971 Census of Central Bureau of Statistics. The infant mortality rate (IMR) is estimated 240 per thousand live births in the nutrition Survey 1967. Though this rate is a little bit exaggerated, it can be said that IMR in between 150-200 per thousand in Nepal.

The census of 1971 shows that children constituted 37.3 percent of the urban population, and in the rural sector the proportion of children was slightly higher, i.e. 40.6 percent. Though the average annual growth of child population slightly decreased from 2.46 percent during 1952/54-1961 to 2.22 percent during 1961/1971.

Breast-Feeding in Nepal

Breast-feeding is universal, easily initiated and carried out without effort by almost all village mothers. Breast-milk is the most natural food of each and every species of mammal. Nature starts preparation of food for the young one long before it is born. The preparation is complete just before birth and milk comes out when the baby suckles it. Breast-milk is the

single adequate food provided by nature till the baby is able to chew and eat other semi-solid food, which corresponds to about 6 months of age.

Breast-milk is still the main food for infants of rural Nepal. During the immediate post-partum the mothers with the new-born baby is given special food 3-4 times a day. This practice continues even to 3-4 months in well-off sections of the population. The food items that are usually given are ghee, rice, sugar and molassas, meat and milk if they can afford. This food stuff helps for production of breast-milk and the mother can breast-feed her child easily. Again the other item of food especially given during the immediate postpartum is Juwanokojhol (cumin seeds). This is the soup made of rice flour, ghee, cumin seeds, ginger and salt. It is commonly believed it helps for production of breast-milk.

The population of Nepal consists of many ethnic groups living in their own norms of culture. The weaning time is usually 5 months for a girl and 6 months for a boy. After this a ceremony called anna prāsan (the rice feeding ceremony) is performed and the solid food is introduced.

In the isolated rural area, breast-milk and survival of a new born is synonymous. The mother is in most of the cases does not know the other way to feed her new born except breast feeding. In case of death of mother a close woman or relative who is lactating will take care of the new born. If the breast milk is not enough for the baby the cows' or goats' milk is substituted.

Nepal also imports baby food and tin milk. Commercial milk formulas are available in attractive packets with pictures of healthy babies. Many of these mothers are naturally attracted by these pictures. They think their own babies will attain the same size as in the pictures if they are bottle-fed. If there is not sufficient breast-milk for some reason, the mother rather than making serious effort to continue breast feeding, switches over easily to available commercial formula.

However, these Nepal Fertility Survey 1976 should be taken with cautions. We exactly do not know the socio-economic backgrounds of women selected for the interview. At the same time these data are not significant statistically.

Table 1

The percentage of women who breast-fed for 24 months or more in the last close birth interval-by demographic and background variables confined to women with two or more live births including any current pregnancy whose last birth interval exceeded 32 months and whose child survived at least 24 months.

<u>Current age</u>	<u>Percentage</u>
15-24	79.7
25-34	82.1
35-44	82.1
45-49	88.0
 <u>Number of Children ever born</u>	
3	87.5
3	83.1
4	84.1
5 +	88.4
 <u>Regional Residence</u>	
Hill	87.1
Terai	78.0
Mountain	78.6
 <u>Dependent Education</u>	
No Schooling	83.1
Some Schooling	71.2
 <u>Husband's Education</u>	
No Schooling	83.6
Some Schooling	77.1
All	82.7

Source: Nepal Fertility Survey 1976, HMG, Ministry of Health.

The findings of Nepal Fertility Survey 1976 show that 17 percent of eligible women do not breast-feed their children. The proportion of breast-feeding for 24 months or more is lower for women in Terai (78%) and Mountains (78.6%) than in the hills (87%). It is rather not at all encouraging to note that women with some formal education have lower proportion who breast-fed for 24 months or more in contrast to those with no education.

There is a trend among the young or new mothers to avoid breast feeding as is evident from Table 1 which shows that between age 15-24, 20.3% women did not breast-feed their babies. However, from the above data it seems that Nepali women also have been quick enough to pick up the virus of modernisation in such an area as breast-feeding. Remarkably few babies in the western world are breast-fed. Prof. Malla writes, "In the United States, it is reckoned that since 1969 less than 25% of babies are ever put to the breast at all. In the United Kingdoms, where the National Survey of 1946 showed 60% of infants being breast-fed to 1 month, 42% to 3 months and 30% to 6 months.

The study done by the students of Institute of Medicine as a part of their community diagnosis shows the following pattern on duration of breast-feeding in Khopasi Village Panchayat in Kavre district of Nepal.

During the field study, it was found out that a child of 6 years was still breast-fed. Table 2 shows us that a high percentage of Nepali women still breast feed their children.

Table 2
Duration of Breast-Feeding

<u>Years</u>	<u>Total No. of persons</u>	<u>%</u>
0-1 year	1	15
1-2	68	32.7
1-3	103	49.5
More than 3 years	19	9.1
Until replaced by Another baby	17	8.1
Total -	208	

Source: Seminar on Breast-feeding practices in Nepal, HMG/MCH 1980.

Cultural and Religious Beliefs in Relation to Breast-Feeding

The commonly used Nepali terms doodh ko bhāra and nau dhārā doodh² signify the loyalties of an individual towards his or her mother. Not only this, if one goes into depth, these factors have also wider socio-cultural explanations. Similarly, the term ama ko doodh khayako indicates the individual's power and prosperity by virtue of his or her mother's breast-milk. It is strongly felt by all the Nepali people when they are grown up that they have to repay their mother's milk.

Prof. Malla (1980:45-46) writes, "In our culture Breast is best" is not a new slogan. We have in Upanishad, the sentence Matri Devi Bhawa (be devoted to your mother). It shows the importance of mother since she is the one who has given birth to the children and who has gradually brought them up by feeding them the milk from their own breast.

Mother, the possessor of breast-milk, is worshipped as Goddess Durga, the mother of universe. In Susruta Sanhita (p. 45) mother's milk is described as: the milk of a woman is delicious, light, digestible and refreshing, etc. It is also suggested to pray in the following manner while feeding the child,

Oh, lady! in order to increase the strength of your baby let the four oceans always flow milk into your breast. May your child get long life by drinking the milk which is the heavenly nectar just as the gods are immortal by drinking amrita.

One further quotation from Susruta:

Oh, lady! a child must drink mother's milk for it's physical development. It is only when the mother's milk will not be available that some other means such as engaging a wet nurse may be adopted.^x

Breast-feeding is one of the most important indicators of the relationship that is established among the endogamous caste group, that is, if two children (a boy and a girl of exogamous group) are breast-fed by the same mother, marriage between these children is never possible. The blood relation in Nepal which is called ragat-ko-nata³ is synonymously practised with the doodh-ko-nata.⁴

According to Bennet (1977: 95), women explain mother's ability to give milk by saying "god would not create a child without providing its due share of food." This expresses the sense of biological dependence between the mother and her nursing infant, which causes them to be perceived as a single organic and hence ritual unit.

People in Salyan consider mother's milk is extremely chokho or pure food (Paneru, 1980). They even suggested that feces and urine of breast-fed babies are not as much polluting as those of adults. In the process of separation of the child from the mother and her milk, the child becomes more and more vulnerable to infection and consequently more and more involved in the ritual means of purification.

The end of the nursing relationship between mother and son is ritualized when the mother feeds her son with dahi (i.e. (yoghurt) before he sets off with marriage party to bring back the bride. Among the Hindu groups, i.e., the Brahman and Chhetris of Jumla region, the groom actually sucks his mother's breast at this ceremony. Symbolically, this is not only expressing his gratitude to his mother for feeding him with her breast-milk but also promising her to place a daughter-in-law at her disposal for all times to come (Bennett, 1977: 403).

If a mother of the child dies, it is the common belief among the rural people that the child either will die or may become weak or get some sort of incapacities since it could not get the mother's milk and love. Such children in Nepali society are considered tuhuro (helpless).

Breast-feeding in Nepal can be interpreted on religious grounds - the duties of adult descendants towards the mother are directly related with mother's breast. As such, several ritual adjustments are made by the son to perform duties towards the living or dead mother in a year. The shradha⁵ and matatirtha day (mother's day) are but a few examples among these ritual performances.

Usually the eldest son must leave the milk in the name of his mother during the period of mourning which may last for one full year following her death. This is considered as a pious act according to the Hindu mythology. Sons do so in the belief that whosoever follows this custom will be able to repay the mother's milk which he had taken in his early childhood.

Hindus consider the cow as gai mata (cow mother) simply because it gives milk which is being taken at large by people.



In the same way Nepali people never eat meat of the female goat if he/she is fed by her milk. The female goat is treated here as the symbolic mother of the child.

The above statements show us how the religious significance of mother's breast is sanctified and glorified in the Nepali society. How strongly the Newar community adheres to the principles of repaying one's mother's breast milk is clearly envisaged on the occasion of the marriage ceremony. A suitable example of this has been cited by Prof. Bista (1967: 20) who states that "on the day before the marriage ceremony takes place, a pathi, that is about a gallon of milk with some molasses and cardamom is sent to the girl's home as a token of gratitude to the girl's mother". This ceremony called dur dai is a symbolic act of repaying the girl's mother for suckling the girl during her infancy.

Importance of mothers milk is also evidenced during the wedding ceremony of the various ethnic groups of Nepal, (Bista, 1967) for example Magars (p. 61) there is a system of payment of one and half rupees to the girl's mother called kakh choraune (separated from the lap). Among the Sunwar and Jirel tribes of Nepal, (p. 73) there is a typical custom of repayment of mother's breast milk i.e. a bottle of rakshi (liquor) a leg of goat and two and half rupees are given to the bride's mother. In a Muslim society a Muslim can marry almost any other girl except in the own sibling group (p. 154). The only partners who are technically unacceptable are those who have suckled the same breasts.

Conclusion

Thus what I feel important to stress is that Nepali women need not be encouraged to breast-feed their children, simply because this custom is well-practiced by all the sections of people all over the country. However, the nutritional status of our women, especially from the poorer sector, is not satisfactory. (Nutrition 101 - RSA 1979). This becomes even more critical at such crucial periods of life as during pregnancy and lactation. This is due to a variety of social and cultural factors and traditions. The most important persons in a family are adult males given the fact that their health and survival are of greater significance for the continued social and biological functioning of the family than the survival of particular child, the mother or a wife. Women generally eat last after the men and children are fed, and do not naturally get an adequate share of the total available food items especially in situations of scarcity. As a rule, they voluntarily provide better food to the children and the menfolk. Inadequate dietary intake, mainly due to poverty, makes an individual more prone to infection and thus

decreases his power of resistance to overcome it. A large proportion of the cases of morbidity and mortality from infectious diseases could really be attributed to malnutrition.

Malnutrition, as such is particularly severe among women and children. Women in general and lactating mothers in particular tend to be under-nourished. This increases the mortality rate among them. It also has an adverse effect on the health and mortality of the babies to be born. The foetus in the womb and the child at the breast are both remarkably influenced by the nutritive elements in their mothers.

Poverty is an important limiting factor for buying enough food, but all the rampant malnutrition is not all due to poverty. There is wide spread ignorance about the essentials of child care including nutritional requirements and the common food that supplies the necessary nutrients. Most mothers and health workers have little idea of how much food a child needs for adequate growth. There are several cheaper items full of vitamins and proteins which are within the reach of the poorest of the poor, if proper communication is made with them.

A staff reporter of the Times of India (April 21, 1981) points out that pediatricians claim that there are 10 million cases of "bottle baby diseases" in the world each year. A million infant deaths can be treated by promoting breast-feeding, what has perturbed those championing breast-feeding is the aggressive salesmanship of the multinationals who are marketing baby food with the same aplomb they use for selling soaps, stockings or lipsticks.

The protection and promotion of breast-feeding practice should be the single most important action to improve the health of child. One public health expert has estimated that if breast-feeding were encouraged in developing countries some 10 million children will be saved from diarrhoeal diseases and severe malnutrition each year. As living conditions changed, as women enter the work force, more emphasis will have to be placed on child care. Economic resources and social support for breast-feeding will have to be developed although not yet a serious problem in Nepal.

Recent research (studies in Family Planning volume 12, 1981) has supported traditional beliefs that breast-feeding prevents conception. This is itself an important reason to encourage mothers to continue breast-feeding considering Nepal's population growth is relatively high. This can provide a safety valve to check population growth in Nepal.

Thus breast-feeding has not only the nutritious value for the growth of a child but also the socio-religious values attached to it.

NOTES

1. The burden of milk to be repaid by the children when they grow up.
2. It is believed that there are nine springs of milk coming out from mother's nipple.
3. Blood relationship.
4. The kinship relationship that is maintained on the basis of mother's breast milk.
5. A ceremony that is conducted every year by the son in memory of his father and mother on the day of his parent's death.

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