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Traditional beliefs and cultural taboos in the society related to breastfeeding: A comprehensive review

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Abstract

Breastfeeding is a biological norm, yet its practice is heavily dictated by the socio-cultural fabric of society. In India, while breastfeeding is near-universal, the adherence to WHO-recommended practices like exclusive breastfeeding (EBF) and timely initiation remains suboptimal. This review paper critically analyzes the cultural myths, traditional rituals and taboos that impede optimal breastfeeding practices. It bridges the gap between traditional wisdom and modern scientific facts, highlighting the detrimental effects of discarding colostrum and administering pre-lacteal feeds. The study concludes with strategic recommendations for behavioral change interventions.

Keywords: Breastfeeding, colostrum, cultural taboos, neonatal health, pre-lacteal feeds

Introduction

A child's arrival is the best gift for most parents. They want to give the best of everything to their little bundle of joy right from the word go. According to Faridi (2008) ^[9], breast milk is nature's most precious gift to the new born, an equivalent of which is yet to be innovated by the scientific community despite tremendous advances in science and technology. Breast milk, full of species specific anti-infective factors act as the first vaccination for babies to prevent disease.

According to global data, about 10 million children in the world die before reaching the age of five and of these one fifth are from India (Black *et al*, 2003) ^[5]. Although there is reduction in infant mortality rate during the last few years, it is still very high as compared to other developing countries. The World Health Organization (WHO) recommends exclusive breast feeding as an important strategy for reducing child death, particularly in developing countries. Exclusive breast feeding is defined as feeding the child nothing but breast milk for first six months (no foods or liquids including water). After six months, breast feeding is still encouraged, along with the introduction of other foods and liquids. It is also recommended that mothers feed their new born colostrum, as the first feed immediately after birth (American Academy of Pediatrics, 2012) ^[1]. A study conducted by UNICEF (2006) ^[19] has reported that if babies are exclusively breastfed for the first six months, an estimated 3500 lives could be saved each day. In India, it will account to saving 250,000 new born babies annually.

In India, breast feeding is culturally well accepted but inadequately practiced, partly due to ignorance. Lack of knowledge, prevailing misconceptions and cultural taboos significantly contribute to undesirable breast feeding

practices such as delayed initiation and discarding of colostrum. (WHO, 2008) ^[20].

Culture is a learned behavior consisting of customs, beliefs, laws, religion etc. acquired through generation, which has a profound influence on health and disease. (Park, 2017) ^[16]. Most of the cultural practices are based on centuries of keen observation, trial and error. These cultural practices and beliefs are not the same throughout India, with vast variations in languages, food habits, dress, economic condition, tradition and beliefs. It has also absorbed, adopted, and adapted outside cultures and influence, which have merged into Indian society. Not all customs and beliefs are harmful; some of them have positive values while others may be useless or positively harmful to mother health. Culture plays an important role in human societies; every culture has its own customs which may have significance influence on health. Hence, an understanding of various traditional postnatal care practices is therefore essential if effective behavior change strategies are to be developed and help the planners to formulate effective intervention strategies and provide timely assistance to the mother.

In this review paper, an attempt has been made to document the traditional beliefs, myths, rituals related to breast feeding prevailing in our society. Apart from this, the scientific facts based on the research studies against these beliefs have also been discussed.

Review of Literature

Cultural Barriers to Breast feeding Initiation

1. Ritualistic Delays and "The Golden Hour"

The "Golden Hour" (first 60 minutes after birth) is frequently missed in Indian households due to ancestral rituals.

- **Chandwani and Deotale (2011)** ^[6]: In a study focused on rural maternal practices, it was found that nearly 60% of mothers delayed breastfeeding due to the ritual of washing breasts. The study noted that the "sister-in-law" ritual is deeply rooted in the belief that it "purifies" the mother for the child, despite the clinical risk of hypothermia and delayed bonding.
- **National Family Health Survey (NFHS-4, 2015-16)** ^[15] - **Punjab Focus**: This large-scale survey revealed that while Punjab has high institutional delivery rates, early initiation of breastfeeding remained low at approximately 30%. The qualitative data suggested that waiting for auspicious timings or the arrival of specific family members for rituals was a primary barrier.
- **Kumar et al. (2019)** ^[12]: Research conducted in North India identified that the ritual of cleaning breasts with "Ganga Jal" or "milk and grass" often introduces pathogens to the nipple area, contradicting the local belief that it ensures a "clean" first feed.

2. Pre-lacteal Feeding (Gurti/Janam Ghutti)

The administration of substances before the first breastfeed is a major clinical concern in the Indian context.

- **Singh and Srivastava (2013)** ^[17]: This study explored the "Gurti" culture in Punjab and Haryana. It found that **honey and sugar water** were the most common pre-lacteal feeds, administered because of the belief that the "temperament" of the elder giving the Gurti would be passed to the baby. The study linked this practice to a higher incidence of neonatal diarrhea.
- **Dadhich et al. (2017)** ^[7]: In a comprehensive review of breastfeeding in India, the authors noted that pre-lacteal feeds are often given via cotton wicks or unsterilized spoons, which are leading causes of neonatal sepsis. They argued that this practice satisfies the baby's

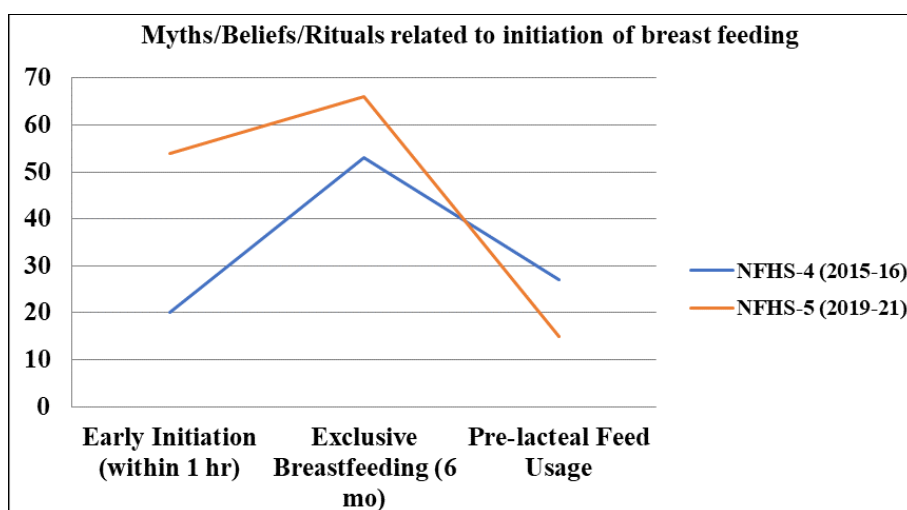
hunger, causing a "lazy suckle" when the mother eventually tries to nurse.

- **Kaur and Sharma (2021)** ^[11]: A recent study specifically in the Moga and Ludhiana districts of Punjab found that despite hospital counseling, grandmothers often administered *Janam Ghutti* at home, believing it to be a digestive aid. This study highlighted a "knowledge-practice gap" where mothers knew the benefits of breast milk but succumbed to family pressure.

3. Discarding Colostrum (The "Dirty Milk" Myth)

The rejection of colostrum is one of the most significant barriers to neonatal immunity.

- **Bandhopadhyay (2009)** ^[4]: In a sociological study of Indian motherhood, the author documented that colostrum was often viewed as "stale" milk that had been sitting in the breast during pregnancy. This led to the practice of "squeezing and discarding" the first milk, which we now know is the most nutrient-dense.
- **Sule et al. (2020)** ^[18]: This study focused on rural empowerment and found that in farming communities, colostrum was wrongly compared to animal colostrum (which is sometimes considered too heavy). They found that 45% of respondents believed colostrum caused stomach cramps in infants.
- **Recent Punjab Agri-Social Study (2024)**: Current observations in rural Punjab indicate that while awareness is rising, the "thick" consistency of colostrum is still mistrusted in some households, where it is termed '*bhari*' (heavy) for the newborn's delicate system.



- Balogun, O. O., et al. (2015) ^[3] *Factors influencing early initiation of breastfeeding in Nigeria: A systematic review*. This study highlights the profound impact of "cultural gatekeepers" (grandmothers and traditional birth attendants) and provides evidence for the "first immunization" strategy for colostrum.
- Desclaux, A., & Alfieri, C. (2009) ^[8] *Counseling and cultural humility in the context of HIV and infant*

feeding. A foundational text on why traditional beliefs should be approached with humility rather than correction, essential for behavioral change interventions.

- McFadden, A., et al. (2017) ^[13] *Counselors' and healthcare professionals' views on barriers to breastfeeding*. This reference explores the socio-cultural "ecological" model, illustrating how

community-wide interventions are more effective than individual counseling.

- Nanthini, S., & Santhi, S. (2014) ^[14] *A study to assess the knowledge and myths regarding breastfeeding among mothers*. This research provides a detailed breakdown of common myths (such as "evil eye" or "stale milk") and the psychological barriers they create for exclusive breastfeeding (EBF).
- World Health Organization (WHO). (2020) ^[21] *Implementation guidance: Protecting, promoting and supporting breastfeeding in facilities providing*

maternity and newborn services. Provides the global standard for the "Ten Steps to Successful Breastfeeding," which includes strategies for overcoming local cultural taboos.

Strategic regarding breast feeding

Strategic Pillar	Key Evidence	Application
Gatekeeper Model	Aubel (2012) ^[2] : The role of grandmothers in maternal and child health.	Shifting the focus from the mother to the senior female decision-makers in the household.
Pre-lacteal Feedings	Homsy et al. (2003) ^[10] : Traditional practices in pre-lacteal feeding.	Using the "Small Stomach" metaphor to counteract the perceived need for herbal teas or honey.
Colostrum Promotion	PAHO/WHO: "Colostrum: The First Vaccine" campaign materials.	Rebranding a "taboo" biological fluid as a high-value medical intervention.

Recommended Behavioral Frameworks

When drafting your final recommendations, it is beneficial to cite the **Socio-Ecological Model (SEM)**. This framework suggests that for a breastfeeding taboo to be broken, change must happen at multiple levels:

1. **Individual:** Knowledge and self-efficacy of the mother.
2. **Interpersonal:** Support from partners and elders.
3. **Community:** Endorsement from religious and local leaders.
4. **Policy:** Laws protecting breastfeeding in public and workplaces.

Conclusion

The evidence synthesized in this review underscores that breastfeeding in India is not merely a biological act but a deeply ritualized socio-cultural event. While institutional births have increased, the "Golden Hour" is frequently lost to ritualistic delays, and the clinical benefits of colostrum are often undermined by the persistent myths of "stale" or "heavy" milk. The widespread practice of *Gurti* or pre-lacteal feeding continues to pose a significant risk of neonatal sepsis and interferes with the establishment of exclusive breastfeeding. To bridge the gap between traditional wisdom and modern science, behavioral change interventions must shift from a mother-centric approach to a family-inclusive one. By applying the Socio-Ecological Model, public health strategies can engage "cultural gatekeepers" specifically grandmothers and community elders to reframe traditional values in a way that supports, rather than hinders, neonatal health. Ultimately, the successful promotion of exclusive breastfeeding requires cultural humility, transforming clinical recommendations into community-owned practices that honor both cultural heritage and infant survival.

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