

# Traditional Indian customs surrounding birth

## A review

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**Abstract** Since 1960, only a few studies have been made of traditional customs surrounding birth in Indian culture. Very few of these have described customs followed by Indians in South Africa. A review of these publications is presented here.

Customs described include religious, social and psychological aspects of behaviour in relation to conception, pregnancy, birth and the early months of parenthood.

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Indians in South Africa are either Hindu, Moslem or Christian. Most Moslems speak Gujarati and some Urdu. The Hindus speak mainly Tamil, Hindustani and Telugu, although a small proportion speak Gujarati. The majority of Christians are converts from the Tamil Hindu group.<sup>1,2</sup>

Despite the apparent diversity inherent in these groupings, inter-religious and interlinguistic marriages as well as the use of English as the official medium of school instruction have led to a decline in traditional language use and a mingling of customs. According to Chetty<sup>3</sup> there is little difference in sociocultural terms between Moslems and Hindus in South Africa.

Since 1960 a few papers have described Indian customs surrounding birth. These focus predominantly on Hindu customs<sup>1,4-6</sup> although one<sup>6</sup> also documents Moslem customs. Traditions are described and differences and similarities between Hindu and Moslem customs noted whenever possible. It is hoped that this summary of the available literature on Indian birth customs will assist medical practitioners to understand better the traditional customs of the women to whom they offer care. To what extent these customs are still observed is considered elsewhere.<sup>7</sup>

Customs to do with conception and pregnancy have been examined together. Birth events and traditional practices after birth are described later.

### Customs surrounding conception and pregnancy

Of the 16 - 18 notable Hindu sanskara (sacraments) of the Grhya Sutra (laws governing behaviour), 11 relate to conception, pregnancy, birth and early infancy. Four of these concern conception and pregnancy.<sup>4,3</sup>

The first of these, Garbhadhana, is a rite performed to favour conception. It is believed that an auspicious time must be chosen during which to procreate. The mental attitude of the couple at this time is important and will enable them, with God's help, to conceive a healthy child possessed of a soul able to grapple with the problem of spiritual evolution.<sup>4,5</sup>

A second sacrament, Pumsavana, is performed at about 3 months' gestation and is described by Desai<sup>4</sup> as favouring the child's nourishment in the womb. Kuper<sup>5</sup> regards this ritual as determining the baby's sex; the hope is always that a boy will be born. That male babies are preferred is well documented,<sup>8</sup> with some devastating implications for the health of female offspring.

During the 7th month of pregnancy, Anavalobhan is performed to ensure the child's growth. Simantonnayan is observed in the 8th month to ensure a perfect, whole child.<sup>5</sup> Desai<sup>4</sup> emphasises the value of the latter ceremony in ensuring the mental health of the infant.

Many beliefs about conception and pregnancy are common to both Hindus and Moslems.<sup>6</sup> Included among these are the belief that conception involves the mingling of substances from both parents, although the degree to which each contributes is debated. The fetus is seen as developing from an embryonic lump into a baby. *In utero* the fetus is believed to be nourished by direct blood transfusion from the mother via the fontanelle. The umbilical cord is thought to develop only in the last month of gestation. Intercourse is allowed and encouraged in the early months of pregnancy as it is thought that additional sperm can contribute to the baby's growth.<sup>6</sup> Later on in the pregnancy it is frowned upon as it is believed to generate excessive 'heat' which threatens the fetus's health.

Dietary restriction, both in terms of quantity and quality, is practised. Too much food is believed to be harmful to the baby.<sup>8</sup> Nourishing food is recommended but although quantity is restricted women are advised to satisfy their cravings for specific types of food lest the child be affected; birthmarks on the child may reflect the mother's unsatisfied craving for some food.<sup>5</sup> Cravings for sour or bitter foods as well as for sweet foods have been noted.<sup>6</sup> Women are advised to avoid 'cooling' foods as well as eruptive or windy foods, all of which are believed to threaten the fetus.<sup>6</sup>

Activity during pregnancy is advocated to 'loosen the muscles' and 'help keep the baby small' so that labour will be easy.<sup>5</sup> Women are cautioned not to catch 'cold touch' as this is believed to result in miscarriage, fever or madness. Women are believed to be susceptible to this during pregnancy and for 40 days after birth. Standing in cold water or washing clothes in cold water may precipitate 'cold touch'.

Discomfort and nausea are regarded as normal but excessive sickness is not, and prayer to deities is the usual response. Pregnant women are advised to remain tranquil and even-tempered for the sake of the child. Women are massaged with special ingredients and bathe in scented water during pregnancy.<sup>5</sup>

Interest in the sex of the child is constant and various techniques of predicting gender have been noted.<sup>5</sup> The throwing of a coconut to see which way it breaks and the baby's position *in utero* are used to predict the baby's sex. It is also believed that gestational duration is different for boys and girls with 8 - 9 months being appropriate for a boy and 10 months for a girl.

Women are unlikely to prepare new clothes for a baby before it is born. These may only be put on the baby 5 or 6 days after birth when the first purification rite has been performed. While this has spiritual overtones, it also has pragmatic implications in the event of infant death.

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Superstitious beliefs are also common during pregnancy and everyday objects may be regarded as omens. According to Kuper<sup>1</sup> the sight of a green toad, a chameleon or an accident is inauspicious. The crossing of a rope or chain to which an animal has been tied is avoided as this might be responsible for the umbilical cord strangling the baby.<sup>1,5</sup>

During pregnancy women are believed to be particularly susceptible to cosmic changes. An eclipse is considered a time of danger during which women must stay indoors. Women are advised to avoid using sharp instruments such as knives or scissors at this time, as this is likely to result in a baby with a harelip, a misshapen head, a clubfoot or some other abnormality.<sup>5</sup> During the 'dark turning point', i.e. the eclipse, intercourse is not allowed.

## Birth

Women return to their mother's home about 1 month before delivery.<sup>1</sup> Traditionally, among both Moslem and Hindu groups, birth takes place in an isolated part of the house attended by a traditional birth attendant of a lower caste who is able to dispose of the polluting by-products of birth.<sup>5,6</sup> The woman will also be attended by her own mother and by experienced family members or neighbours who provide support and sympathy.<sup>5</sup> If the birth is attended by a doctor, as occurs more often today, the traditional midwife will generally be called to attend the mother in the post-partum period.<sup>5</sup>

Husbands, and indeed all the men of the household, are banished from the house from the time that the waters break until the child is born. Birth is considered to be too unpleasant a sight for men to witness and is also regarded as defiling.<sup>6</sup>

Women labour in a supported seated position.<sup>6</sup> During the actual delivery the house is completely shuttered and closed to protect the mother and her baby from malevolent spirits, ghosts or demons which are attracted by the blood and contamination. Protection against these spiritual forces is sought; for example, the woman may carry something made of iron as this is believed to have protective properties.

If the delivery proves problematic, a doctor may be called or the woman may be taken to hospital.<sup>5</sup> Alternatively, or in addition, relatives are called upon to pray and some might make a special vow to be fulfilled after the safe delivery of the baby. The woman may be anointed with specially sanctified ashes. The assistance of a person with knowledge of powerful mantras (sacred sounds or phrases) is sought. He is asked to recite one over a bowl of water; the water is then given to the mother to drink.

As the birth horoscope must later be calculated, it is important to note the exact moment of delivery.<sup>6</sup> This forms part of the sacramental rite associated with the actual birth, called Jatkarem<sup>5,6</sup> or the Chattie ceremony.<sup>5</sup>

Among Moslems it is important that soon after birth someone close to the family whispers the name, Allah, into the child's ear.<sup>1</sup>

After delivery, it is important not to draw the attention of malevolent spirits to the child.<sup>6</sup> Notification of the birth is therefore indirect. A message is sent to the father requesting him to come immediately to the house and to throw one type of object over the house if the child is a boy or another if it is a girl. These actions are believed to promote the child's later manly or womanly qualities. No external notification of the child's birth is given, however, until after the cord has been cut and tied. It is believed that if the sex of the child is acknowledged before this the safety of the mother and the baby will be jeopardised. Neighbours and friends are notified

of the birth later. Different foods are presented to them depending on whether the child is a boy or a girl.<sup>6</sup>

A baby born with a caul ('crown') or with the cord around its neck ('garland') is believed to be a cause of family friction unless set rituals are performed. It is important that the maternal uncle and sometimes the father do not see the baby until the completion of these rituals, which may take up to 40 days. The father then sees the baby for the first time in a mirror.<sup>1,5</sup> Among the Tamil, before the maternal uncle may see the child, a rooster is sacrificed and he must be shown the entrails which are then placed around that baby's neck.<sup>1,5</sup>

A child born in a breech position is regarded as having special powers of healing, particularly for those suffering from cramps, sprains or muscular injury. Stroking the affected parts on three occasions with the child's foot is believed to give relief.<sup>1</sup>

Explanations of any abnormalities are either spiritual, psychological or philosophical.<sup>5</sup> For instance such misfortune is seen as 'God's will' or 'karma', or as punishment for a sin committed in a previous life or performed in the present life. Infanticide is frowned upon.<sup>5</sup>

## The postpartum period

The new mother is confined to a dimly lit, isolated part of the house during the postpartum period as she is regarded as unclean.<sup>6</sup> She is not given food until the day after delivery as she is believed to be too exhausted.<sup>6</sup> She is first given pepper water, a strongly spiced chilli and garlic broth believed to warm the body. As it is feared that the new mother might suffer from 'cool illness' she must be given hot nourishment, such as coffee or hot water, rather than cooling substances like tea. Women are believed to be susceptible to 'cool illness' after birth because of the abrupt loss of the mother's blood and body heat when the baby is born.<sup>6</sup> A distilled alcoholic drink like brandy may be given on medicinal grounds as a tonic with healing properties.

Milk and yoghurt in particular are prohibited as they are believed to inhibit the healing of wounds and to cause wind and indigestion. Because the woman is believed to have wounds in her womb after birth, these foods are contraindicated.<sup>5,6</sup>

Colostrum is believed to be dirty and to cause infant diarrhoea.<sup>5</sup> It is also regarded as a weak and impure form of milk unsuitable for the child to digest.<sup>6</sup> The mother is expected to express colostrum manually and to discard it. She may not nurse her baby until the 3rd day after birth. During this time the child may have a wet-nurse<sup>6</sup> or be given sugar water or condensed milk mixed with water.<sup>5</sup> At this point the midwife will express a little of the mother's milk, mix it with traditional finely ground ingredients and strain it through a cloth. The mother will dip her finger into this mixture and then offer it to the baby to suck. Having thus prepared the baby for the breast she is then permitted to breast-feed.<sup>5</sup>

The woman and her newborn are regarded as physically and ritually unclean after birth and must be cleansed and purified before engaging in normal contacts. On the 3rd day the mother is given a ritual bath and reintroduced to special foods as part of this cleansing process.<sup>5</sup> Contact with the woman's breasts or with milk is a ritual danger to men and intimacy during lactation is frowned upon.<sup>6</sup>

Ritual pollution from childbirth lasts for 31 days among the Tamil (Hindus) and for 40 days among the Moslems.<sup>6</sup> Special dietary and social prohibitions must be observed, although fewer are imposed from the 12th day onwards.<sup>5</sup> The end of this period is celebrated with a ritual bath and payments food and clothing are given to the household assistants.<sup>6</sup>

Both the home and the people involved must be purified after a birth. Rituals associated with the disposal of the umbilical cord and the afterbirth are part of the purification procedures.<sup>5</sup>

In the days after birth, the umbilicus is rubbed with an oil mixed with special ingredients which is believed to make the cord wither quickly. When it drops off it may be buried in damp earth where reeds grow or it may be deposited in a place where milk is poured over it. It may also be turned into a talisman by being put into a metal case made by a jeweller and thereafter worn by the mother.

The afterbirth is kept in the birth room in a pot of sand on which a tiny lamp burns until the 9th day after birth, when it is ceremoniously buried outside. Nowadays it is buried immediately after the birth (if hospital procedures allow) in a deep hole. It is believed that if it were accidentally dug up or taken by an evil person or spirit the mother would become infertile or the child would be harmed.

In the days after birth the midwife or other older experienced women will 'shape' the baby's head with firm pressure of the hands to make it round.<sup>5</sup> She will also pinch the bridge of the nose to a desired formation if this is considered necessary. An elaborate massage of the baby is undertaken, to strengthen its limbs until it is old enough to walk; a mixture of olive oil and mustard is used.

The baby must also be cleansed of the 'dirt and heat' collected while in the womb, and for this purpose it is given small quantities of castor oil mixed with honey from the 1st day after birth. Throughout pregnancy the mother takes small regular doses of castor oil, not necessarily as a purgative, but so that the food she eats does not make the layer of 'dirt' on the child difficult to remove.

### Sacraments in infancy

Further purification rituals take place and are recognised as sacraments. Jatkaram is the rite surrounding birth and is performed at the time the umbilical cord is cut<sup>4,5</sup> as well as some days later.<sup>5</sup> The child's horoscope is used to determine auspicious times for future life events and to warn of future dangers. The time of birth is defined as the moment when the head can first be seen.<sup>6</sup> This ceremony takes place partly in the birth room and partly at the site of burial of the placenta.

As part of this ceremony, milk is poured on the ground to cool Mother Earth and offerings are made to the house gods.<sup>5</sup> Among the Tamil, relatives circle the baby with red water (turmeric and lime mixed) for protection. Both mother and baby have a ritual bath, wash their hair and wear new clothes. The baby receives its first new clothes as gifts from maternal relatives although its first gold jewellery is given by its paternal aunt. The mother's new clothes come from the paternal relatives.

The mother's old clothes are given to the midwife, who is also paid at this point. Traditional payments include a new sari, vegetables and groceries. She is paid handsomely, for it is believed that if she is dissatisfied she will curse the baby.

Of major significance is the rite associated with the naming of the infant. Called Namakara<sup>1,5</sup> it may not take place on the same day as the cleansing ceremony and usually takes place a few days later on about the 12th day after birth. Religious and secular ideas are incorporated into the choice of the name. The child may be named after a god or saint who is thereafter regarded as its protector. Qualities of the name are expected to be found in the personality of the child. The syllables of the

name determine its pronunciation and are believed to have auspicious powers. A name is chosen on the basis of the child's horoscope. The almanac is consulted, particularly by Hindu people, and a name chosen based on a set of syllables given as suitable. For Moslems, numerological considerations are important in the choice of a name.<sup>6</sup> The name given (raas name) is special and rarely used as it could be misused for evil purposes. It is of importance in the later choice of a suitable spouse for the child and is different from the child's calling name.

The procedures followed for this ceremony are elaborate. The baby is bathed, oiled, dressed in its best clothes and placed in a cradle made from the mother's wedding sari. Grandparents and aunts from both sides rock the cradle and sing special lullabies. A priest or elder lights a camphor and waves it in circles over the child while reciting a mantra. He sprinkles water on the child and calls its name three times. A special tray containing turmeric water, lime flowers, charcoal, chillies and lighted camphors is passed around the child three times by relatives to ward off evil spirits and the evil eye. Coins are collected and given to the midwife or another elderly woman in need.<sup>5</sup>

Further purification rites are still needed, particularly for the baby. Five further sacramental ceremonies are usual in the child's early years. Suryaloka<sup>5</sup> or Nishkara<sup>1,5</sup> takes place when the child is about 3 months of age and records the child's first outing. The baby is 'shown to the sun'. A ceremony called Upevestan celebrates the child's first being allowed to sit on the ground.<sup>5</sup> Anaprasna follows at about the 6th month when the child first takes solid food.<sup>4,5</sup> The shaving of the child's first hair is called Chaula<sup>5</sup> or Cudakarana<sup>4</sup> and occurs before the child's 5th year. It is usually held in the 3rd, 5th, 9th or 11th month or in the 3rd year of life.<sup>5</sup> The baby's head is shaved in the presence of the father's sister who pushes the 'stomach hair' into a lump of dough together with a coin. While the hair is being cut the surrounding women sing to the accompaniment of a drum. The dough and its contents are thrown into running water for dispersal. Removing the child's hair is said symbolically to remove any ritual pollution that still adheres to the child from its uterine life.<sup>6</sup>

The hair-cutting ceremony is somewhat different among Moslems.<sup>1</sup> The child's hair is removed and money equal in weight to the child's hair is given to charity. If the child is a girl, a goat is slaughtered on the day of the ceremony; two goats if a boy. The child is named on this day too, according to Kuppasami<sup>1</sup> and, if a boy, circumcised. Reports of Hindu circumcision of male babies delay this procedure until about the 9th year.<sup>6</sup>

In the ceremony of Karanvedkharma the child's ears are pierced.<sup>5</sup> The birth and naming ceremonies as well as the ceremonial cutting of the child's first hair are widely practised.<sup>5</sup>

### Infancy

During its early months and years the baby is vulnerable to harm from many sources and must be protected by talismans and incantations, for example, a dot of holy ash on its forehead or a tiny knife under its pillow or pinned to its clothing.<sup>1,5</sup>

Particularly important for male babies is to have a band of black beads or black cord tied around the waist to prevent illness caused by contact with something polluted.<sup>1,5</sup> Males will wear this thread for the rest of their lives; females for only a few months. It is believed to give males strength, sexual and physical. Females do not

wear it for too long because it is believed they possess an inherent excess of blood and sexual desire. This excess manifests itself as menstruation at adolescence.<sup>6</sup>

A great fear is the 'evil eye'. Evil is not deliberately inflicted but may result in the child losing its appetite or crying for no reason, or the mother's milk drying up. For this reason the mother must be careful not to expose her breasts if nursing in public and if bottle-feeding must wrap the bottle in a cloth.<sup>5</sup> The mother's milk may be blamed for any illness in the child.<sup>5</sup>

If someone is suspected of bearing the 'evil eye' a member of the family follows him/her, collects a handful of soil on which the person has stepped, holds it in the left hand and waves it in an anticlockwise direction around the child's face three times before throwing it into the fire.<sup>1</sup>

The baby customarily sleeps in the mother's bed. As it is believed that the first person one sees on awakening will influence the remainder of the day it is important that the mother is smiling when the baby awakes. The baby is usually carried during the day and is not put onto the floor until after the ceremony acknowledging this developmental stage. The appearance of the first tooth is greeted with special sweet foods.<sup>5</sup>

The baby is weaned at the age of about 9 months to a year. After this time the child's food must still be prepared and served by the mother so that the transfer of 'maternal substance' and affection is seen to continue into childhood.<sup>6</sup>

## Infertility

Childless women are both personally unfulfilled and ritually inauspicious.<sup>6</sup> Barrenness is probably the worst affliction a woman can suffer.<sup>8</sup> Even the woman who only has daughters is frowned upon; her status is little above that of the infertile woman. The father who has no sons is pitied while his wife is blamed.

Infertility is blamed on the woman and occasionally on some supernatural influence but seldom on the husband. Causes of infertility are believed to be destabilising humours such as windy or eruptive elements, blockage of the womb, diminished or contaminated blood supply, or tiny organisms which eat the seminal fluids. Complex herbal compounds are prescribed as remedies.

Children are seen as a gift of God and infertility may be perceived as the result of spiritual interference or sorcery. To dispel these, mantras are recited.<sup>6</sup> A childless couple may make a vow to a saint or deity. This vow attributes no divine blame for the lack of children but pledges fulfilment of a promise in the event of a child being born. Precautions must also be taken against the 'evil eye', inauspicious sights and astrological events.

## Discussion

Spiritual components play a dominant role in traditional Indian birth. While these differ somewhat between Moslem and Hindu the various ceremonies appear to be directed at similar processes: the protection of the mother and baby during pregnancy, birth and the postpartum period and the purification of the pollution that ensues during this period.

While at first glance these customs appear distinctive and different from those of other cultures a close examination reveals similar core principles. Mother and baby are kept as safe as the culture can offer, physically, psychologically and spiritually. Their physiological needs are specially prescribed and catered for in what are believed to be the best interests of both. The need for support and caring is addressed. With Western eyes the

relative isolation of the mother after delivery because she is unclean may seem harsh: from within the culture it is not apparent that this causes any distress. Parallels can be drawn with Western isolation of mothers in the unfamiliar environment of the hospital; until recently, even husbands were not allowed to visit.

Higher order needs for self-esteem and self-actualisation<sup>9</sup> are also catered for within the Indian culture, although these are only fully gratified in the event of a male baby being born.

Common themes within the Indian birth practices and those of other cultures are readily apparent.<sup>10</sup> While differences in specific customs and rites performed are obvious it is the similarities that are most striking.

In particular, the traditional absence of the husband at birth is similar to African and, until recently, Western practice. Like both other cultures, this traditional exclusion of males at Indian births is probably changing.<sup>7</sup> In keeping with both Western and African views, however, trusted female companions are traditionally present at an Indian birth. How accommodating modern obstetric services are in meeting the needs of Indian women for social support during birth is in need of examination.

The traditional upright position for delivery of Indian women differs from Western approaches (at least until recent years), although it is similar to African practice. Current Western views are acknowledging the value of upright delivery positions.

As with African and Western customs, not all Indian practices appear beneficial from a Western standpoint. The discarding of colostrum and the withholding of the mother's milk until the 3rd post-partum day are not regarded as beneficial.

In all cultures, many of the social customs surrounding birth are, from a Western point of view, harmless. In particular, social customs unrelated to health care or the health care setting but rather to psychological or social functions should not be discouraged by Western medical practice. In fact, some assistance in their fulfilment may be needed from the medical professional, such as providing the family with the placenta for burial according to traditional custom. While some birth units allow this, many do not, despite there being no direct medical implication of this custom for the health of either mother or baby.

An understanding and appreciation of the differing customs followed by the many cultural groups seeking care in South Africa can potentially enhance quality of care provided by medical professionals. It is hoped that this review will contribute towards this goal by providing some insight into the practices traditionally subscribed to by Indian women.

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