

BREASTFEEDING IN MANIPUR: AN ANTHROPOLOGICAL EXPLORATION

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Abstract: Breastfeeding is not a mere nutritional matter but a complex exercise in which the mother-child couple is fully integrated into social dynamics and is the bearer of cultural teachings. Understanding the female reality composing of network of synergies – their task and commitments, bonds and pauses, beliefs, sentiments, emotions and expectation have a bearing on breastfeeding. This paper will examine the cultural and social context of breastfeeding among the Meitei women of Manipur focusing on mother's behaviour and post-partum taboos as key elements in their understanding of the vicissitudes of breast feeding process gleaned from in-depth interviews and focus group discussions of women between the age group of 25-65. This nutritional period is subject to many different events both physical and social that may upset the natural and intense link between mother and child. Any violation of cultural norm, particularly those dealing with sexual behaviour can put at risk the correct development of an infant with serious consequences both for the baby's health and for the woman's image as mother and wife.

Keyword: sexuality, breastfeeding, behaviour, nurturer

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Introduction

The meanings attached to breastfeeding, as the universally available means of feeding human infants, also vary across cultures. Among the Bambara, a periurban patrilineal and patrilocal culture in Mali, children are thought to be of the same blood as the mother, not through birth but through nursing (Dettwyler 1988). Thus, two children who have been nursed by the same woman cannot marry, even if they are biologically unrelated. Similarly, Fijians believe that when a woman breastfeeds a child who is not her own, a special bond and a concomitant sense of responsibility develop (Morse 1985). However, breast milk and breastfeeding are not universally regarded as symbols of nurturance and love. In an impoverished area of northeast Brazil, breast milk is distrusted, seen as "worthless," dirty, sour, or curdled, an image that Scheper-Hughes interprets (1984) as a metaphor related to the scarcity and bitterness of life for women there. Haitian women consider thin, watery milk worthless (Farmer 1988), and they worry that it may be turned to poison as a result of some malignant emotion. Thus, breastfeeding throughout history and across different cultures is not only a nutritional exchange but a complicated psychosocial cultural behaviour. Its function is not restricted to the physical survival of the baby but it is steeped in the expressive and symbolic configuration of every society. This paper will focus on breastfeeding and sexual behaviour of mother in Manipur society thus, it become apparent to know the Meitei women.

Meitei Women

The Meitei is one of the major ethnic communities of Manipur in the north eastern region of India. Women are the soul of Manipuri home. The place of women in the Manipuri society is respectable and high. The dignity of the husband and family depends upon her (Chand, K.N, 2005). Since time immemorial, Manipuri mother have been playing significant roles in the society. Meitei women are laborious, economically self-reliant and are good in trade and commerce. Valour, skill and active involvement in many social, economic, political and cultural activities are dominant characteristic of Meitei mother. She takes care of the family as a mother, wife, daughter, sister and a daughter-in-law. A woman's self-worth is not dependent on her sexuality or youth, but on her personal achievement in life as a mother and a provider for the family in Meitei society.

A qualitative research design was chosen for this exploratory study. Data for this study was collected from women between the age group of 25-65 using in-depth interviews and focus group discussions. Eight in-depth interviews and four focus group discussions were conducted. Focus group discussion was conducted to explore their perception on breastfeeding, sexual behavior, post-partum taboos etc.

Breastfeeding in Meitei society

Breastfeeding is closely linked to female physiology loaded with complex cultural and symbolic values in Manipur society. In every society, it is an act of culture which assumes an absolute priority over any other role, expectancy or need of a woman. To give the breast, to give one's own milk, to have a healthy baby were to project a woman into a series of belief about the quality of milk, dependent on behaviour, obligations and rules which aims at defining the correct growth of the baby, behaviour of the nurturer and finally the mother. A prerequisite for good quality of the nurturer's milk and correct growth of the baby is observing a series of post-partum taboos of which total sexual abstinence during the breast feeding period is considered a priority (Mabilia, 2007).

The sociocultural value attached to breastfeeding is manifested in the way how the quality of maternal milk act as a control mechanism over woman's behaviour in her role as nurturer and mother, thereby regulating her sexual behaviour as a wife and as a woman in Manipur society. Breastfeeding is a physiological process steeped in cultural, social and psychological instances which sees a woman's actions responding to introjected expectations, formal and informal, day after day, through community life. It is not a mere nutritional 'matter', but a complex exercise in which mother-child couple is fully integrated into social dynamics and is the bearer of cultural teachings. As a mother, she who is asked to breastfeed and rear the children, to be she who, for many months, gives her breast milk, a nutrient which is the artificer of her very own survival, to her own child, her person is invested with a series of responsibilities, made object of a series of attentions, for the interlacing of different types of ties- physiological and social- of which she herself is considered the bearer. The rules which she believes to be right or wrong for her child, the relations which she maintains within and outside the family, have consequently become the ways by which she outlines the content of female reality, by which the

woman, mother and wife must measure herself during the whole period of breastfeeding. For a mother to be a nurturer, with the weft of ties of different nature- physiological, cultural and social – of which she holds herself and is held to be the bearer, is much more than just the exercise of the potentiality typical of the female body. It is the realisation of behaviours and strategies, where knowing how to conjugate the duties of a mother, of a nurturer, but also of a wife, becomes of primary importance in avoiding risk to the indispensable nutrient for the correct growth of her offspring. This becomes more blatant referring to the post-partum taboos that a woman must observe though a long period of sexual abstinence.

Mother-baby couple

Anthropological studies on breastfeeding have shown that it is not just a physical process, that is, an expression of the physiology of the female body, but an integral part of the social and cultural organisation of a community (Kitzinger, 1980). When a woman gave birth to a child, she has fulfilled her task of reproducing new beings for her husband's line of descent. Naturally, with this birth, motherhood is the first act of the articulated process which is mothering, starting from knowing how to give 'good' nutrition. It is with breastfeeding that a woman starts a new period, marked by a series of rules, obligations and taboos. Majority of the women give birth at home, helped by other women of the family or neighbourhood with the intervention of traditional birth attendant (maibi). Immediately after birth, a wet-mother (Khom-inbi) who herself is breastfeeding her own child will volunteer to feed the newborn as breastfeeding by the mother is initiated on the third day after birth. It is believed that milk started coming out from the breast on the third day after giving birth. Women folks will ask whether the woman giving birth experience *khom-mi-lakpa* or *khom-da-lakpa*. Women perceive that the 'first milk' which is yellowish in colour and dense in consistency is 'bad milk' and hence is not given to the baby. However, now-a-days colostrum is considered to be good for baby's health and given to the baby. From the third day onwards the mother started feeding the baby with her milk.

Breast milk

Breast milk is perceived to be the baby's only food in the first six month which helps the baby to build the body and instil strength and force. This mother's milk must have well recognised characteristics which will guarantee the development and health of the child. The quality of the

mother's milk becomes significant among Meitei women of Manipur. 'Whiteness' is an important characteristic of 'real milk' distinguishing it from colostrum which is yellowish in colour and therefore discard it considering it as pus which is also of the same tinge. Another quality attributed to milk is the 'consistency'. Milk must have the right degree of 'fluidness' which is not like water. It must also be sweet: 'whiteness', 'consistent', and 'sweet' must be combined to give 'good milk'. This synthesis is held together by a fourth component i.e. the 'right temperature'. Women do not breast feed their baby immediately after washing clothes with the commonly held belief that the milk is cold after intact with cold water. Mother takes some time to warm their body before breast feeding their baby.

The mother-child bond is the primary bond of kinship and the model for all kinship relations. There are various ways in which the bonding is believed to be ensured: by providing support during labour, skin-to-skin contact immediately after delivery, to latching on for the first feeding, continued breastfeeding, and keeping mother and infant together in the first hours and days after delivery (Kennell and McGrath 2005). Breastfeeding practice is reported to foster early postpartum maternal bonding through the process of touch, response, and mutual gazing between the mother and the infant. Breastfeeding notably symbolizes the most fundamental social bond between the mother and child. Breastfeeding practice is a bio-cultural process connecting women's bodies to infants' bodies; it is socially determined and an essential element in cultural construction of sexuality (Maher 1992; Howard and Millard 1997).

With the initiation of breastfeeding, the primary role attributed to a mother is looking after her children. The importance of the mother's milk in bringing up offspring is noted. To breastfeed, to give one's own milk to one's own child in order to allow one's own baby to grow strong and healthy is a requisite for a mother to consider herself and be considered a 'good mother'. The nurturer-newborn dyad is understood as a couple capable of realising a specific nutritional technique, entrusted to the woman's biological make-up and to the child's needs, the results of which fully satisfy the baby's nutritional requirements in the first months of life and make the woman feel suitable for the task she is entrusted with as a nurturer. Giving her own milk is understood and experienced by the mother as a natural task – a task which confirms her as female-woman, demonstrated by her reproductive capacity, and as woman-mother, demonstrated

by her calibre to nurture her newborn baby with only the resource of her organism. These peculiarities of her physiological make-up, however, are affected by convictions and behaviour having symbolic meaning and moral weight where duties, expectations, emotions, sentiments, joys and worries may interfere with the quality of her milk.

“It is the woman’s duty to give their milk to their baby. It is natural for a mother to breastfeed her children.”(Sumati, 35 years old)

This reflects the meaning of ‘giving’, of ‘offering’ the breast to their babies, permeated by the inevitability of physiological processes. Breastfeeding linked the physiology of one’s own body with a child’s nutritional needs. Women perceive of breastfeeding as a ‘natural’ maternal response to the baby’s nutritional needs. Besides responding to the nutritional needs of the baby, emotional needs are also fulfilled simultaneously. The conviction that crying of baby is request for maternal milk is deeply rooted. Women emphatically underlined the ability of the child ‘to call out’ their milk by crying, even in the absence of mother. In this way, if a woman finds herself for some reason at a distance from her baby, and sees that her milk is spontaneously leaking from her breast, she seeks out the baby, as that free flow milk signals that the baby needs to be fed. However, mother’s awareness of her baby’s desire for the breast is motivated by the need of comfort, tenderness and security. Mother’s consider these needs as just as important as the nutritional ones. This can be illustrated in their promptness and willingness to offer their breast when a child fell down, or hurt while playing, when they are tired or sick.

“I like it when he holds on to my breast seeking protection. At that moment I don’t feel myself as just a source of food.” (Naobi, 32 years old)

These words shows how the nutritional aspect, which is linked to an imperative imposed by the ‘nature of one’s body’, cannot be separated from the emotional aspect which is nourished by affection, love tenderness and sensitivity towards the needs, not only the nutritional, of one’s own offspring. These ways of feeling, of relating to one’s own child are part of being woman and mother, where individual personality and roles interweave along cultural lines. Breastfeeding is

defined as ‘the ultimate biocultural phenomenon; not only a biological process but also a culturally determined behaviour’ (Stuart-Macadam, 1995).

Breastfeeding is a complex process, as the link between the physiological and the cultural participates in different, but closely related, levels of social organisation. Although the daily bond between mother and child seems to assign her every decision, breastfeeding is not managed in priori by women. It is not promoted tout court by the needs of the infant; there are other responses to his cries. Both are affected by the action of the ideas, behaviour and expectations that a given society has placed, not only on the female body and on the development needs of the infant, but also on the rules and prohibitions, aimed at defining the different roles that women are called upon to perform and, through which a community understands the organisation of its own associative life.

Good mother

During the course of her existence, a rich and variegated image of women, both in relation to the network of family, relatives and neighbours is observed. From birth and throughout the years, each individual of female sex gradually assumes different positions in the network of social relations and the associated roles are asked to cover. Firstly, she is daughter, sister, grandchild and niece; then, she is wife, daughter-in-law, mother, aunt; then finally, mother-in-law and grandmother. While assuming these positions, she must interpret more than one role and identity contemporaneously, each one having its own cultural, social and psychological expectations, each one having its own behavioural rules, in which she must be practised.

It is interesting to reflect on the woman as the centre of a series of dynamics, outlined and interrelated by those roles – wife, mother and nurturer- which she must play once married. The community’s values and expectations of how a wife and mother should be are transmitted directly or indirectly to the girls of younger generation by the elders. Elders impart teachings on matters regarding the sexual sphere including instructions on the techniques of sexual relations, on conception, on childbirth, on the behaviour to be kept with males and with the future husband. In the role of future mother, she is taught how to care for children and about the importance for the family of healthy children who will become healthy adults. The teachings are complete with

rules prohibitions, sanctions and the possible consequences if they breach the traditional precepts, above all in the sexual sphere, be disregarded.

When a young woman gets married and joins her husband's family, she is aware of the rights and duties that her new status imposes on her, and when she becomes a mother, she knows that she must concentrate on caring for the children, so that she can prove to her husband, to the other women of the homestead – her mother-in-law above all – to the other women of the neighbourhood and also to herself, that she knows how to give birth and raise health children, in short, how to be a 'good mother'. In her role as wife and mother, a woman is responsible for the care and rearing of her offspring, however, she is not exempted from working in the fields, from brewing country liquor, collecting water, cleaning the house, preparing food and taking care of other children and health of the family nucleus. Thus, her productive and reproductive abilities repeatedly intersect.

From a physiologist's point of view, a mother, on giving her own milk to her own child, initiates a circular process in which the frequency and the duration of the stimulation exercised by the baby when sucking the mother's nipple interferes with the psychophysiological reflex of the secretion of milk. Such a modality is effectuated among women where breastfeeding develops within the circulatory model where the mother gives her own milk to her child, offering the breast; the child receives milk by sucking the maternal breast which gives the mother the possibility of giving her own milk again and allows the child to receive it again. Thus breastfeeding is a relationship that is fully experienced as a prolongation of gestation, in which the mother donates her own milk to guarantee extra uterine life to her child. Simultaneously, the close mother-newborn baby interdependence is proposed as an act, which in the circularity of giving and receiving milk in order to have milk again incorporates the mechanism of giving, receiving and giving back which is the working premise of Mauss's study on gift. This synergy is not merely a physiological mechanism but is enriched with cultural, social and psychological meaning and goes beyond the nutritional value of the gesture, to nurture. In breastfeeding, there is an inherent relationship which is totally cultural, woven with values, affections, emotions, expectations, ways of feeling and participating that link the two intrinsically.

Breastfeeding began on a biological-nutritive plane- giving ‘good milk’ in order to have ‘good growth’ – rich with cultural and emotional instances, completes itself, being enriched with sense on the relational plane in the correlation:

‘good milk’: ‘good nurturer’ = ‘right growth’: ‘good mother’

This consequentiality indicates not only the success for the woman’s qualities as a ‘good nurturer’, but also her capability to maintain the good qualities of her own milk, a task which belongs to the ‘good mother’. However, during breast feeding, maternal milk may be subjected to alterations which are attributed to differential causes. Such alterations aimed to harm the baby are frequently deemed by Meitei women to be due to mother’s behaviour.

Being a ‘good mother’ – sum of different instances – is translated by the woman into an image of herself in the role of nurturer and mother and, at the same time, multiplier of relational richness, for the consensus which she feels growing around her. This illustrates the fulfilment of playing the role of mother when their baby is in good health.

Giving milk for a mother has sense when translated in the good health of her child, in her self esteem as a nurturer and mother and in satisfying the family’s expectation, first of all those of mother-in-law and the husband, then of relations in the widest sense starting from her original family, the neighbourhood and the whole community. Therefore, it is a return in social terms of consensus multiplication.

Viewing at the consensus multiplication, at the strengthening of personal and interpersonal relations network, it is sensible to interpret breast feeding as gift. In this natural gesture of giving one’s own milk among mothers– a gesture which summarises composite and comprehensive values well beyond the dual nurturer – infant relationship, for a woman, in the network of sociality the roles of mother and wife find expression.

Breast feeding, therefore, with its repeated giving in time and its responding to the material needs – nurturing the infant with a food that is appropriate for him – with its ideal moments in which the emotional states of the mother and child are woven together, makes total sense within

the composite dynamics where maternal milk, the object of giving, becomes a good at the service of social ties. Therefore, to give one's own milk is a social action and is viewed as such, 'for its symbolic nature, held to mean actively and indissolubly mixing obligation and freedom, interest and disinterest' (Mauss, 2002). For a mother to 'give milk' to her own child means tying other subjects to them, involving other bonds, giving value to her capacity to confirm, reinforce and make relationships.

The gift of 'giving milk' has a propulsive capacity which overshadows the gesture of dualism, to involve the social environment within which the gesture itself takes form. Thus, for a Meitei woman, giving one's milk assumes the character of a gesture serving both life and ties. This adds value and underlies the importance for a woman in her role as mother-nurturer. This network of sociality may face crisis due to failure of breastfeeding which will jeopardise the health of the baby. This weave of bonds and relationships, rights and duties, rules of behaviour enter into conflict when mother-nurturer priorities come up against those of wife-mother.

From 'good' to 'bad' mother

'Mothering' is the image that is deeply interiorised and intrinsically tied to the personality of a Meitei woman. Traditionally, one of a woman's most important functions has been to disseminate culture through mothering (Mead 1949). With the birth of her child, a woman, wife and a mother begins a long journey of mothering begins, privileging the relationship with the newborn, a relationship which is conditioned by the child's need and necessities, starting from the nutritional ones which is aimed at guaranteeing his development, health, protection and safety. This period of being a nurturer is marked by rules which condition specific behaviour and specific avoidance, to avoid compromising the most precious thing she has for the health of her child: her milk. For good outcome of breast feeding, the triangular bond of nurturer-milk-newborn is of fundamental importance. 'Milk lives with the woman's body' an old woman responded, indicating how this fluid, produced by the female body, is considered vital and reactive to any change in her body. Sexuality of a woman, mother and nurturer is subject to rules which, if not observed, could lead to serious consequences for the baby's health. The image of woman as mother and about the consequences on the network of relationships, on the quality of the ties uniting her, as a mother, to her family and community environment is at risk once the

health of the baby deteriorates with the breach of taboo. The vicissitudes of breast feeding is intricately linked to sexuality.

With the birth of a new baby, a mother is expected to respect sexual abstinence and fulfil obligations for the whole breast feeding period. Women attribute the origin of some serious form of illness even leading to death due to the violation of this rule. Thus, ‘post-partum taboos’ especially the norms which force the woman to interrupt her sexual activity during breast feeding (Murdock, 1967). By imposing sexual abstinence, a woman’s duties as nurturer are put before those of wife. Her main priority is to satisfy the development and well-being of last born baby.

“When a woman breastfeeds her baby while having sex then the baby will be *khom kulaichubaas* the breast milk become ‘bad and bitter’ for the baby to drink at this point of time. After consuming the milk, the baby will continue to have diarrhoea with white stool, vomit, becomes too weak that it cannot even suck the mother’s milk. As the days go by the baby the baby loses appetite, becomes more and more listless, visibly regressing on motor level, not having the strength to do anything, begins to look like an old man with wrinkled skin, his hair become thin”. (Pramodini, 65 years old)

“Sexual abstinence is observed in the first three months after giving birth for good health of mother and child. Non observance is onerous and shameful. It is manifested when woman suffer from *nupa mangba*. In this condition a baby cannot be breastfed thus, the child’s health will deteriorate”. (Sakuntala, 56 years old)

“Becoming pregnant during the period dedicated to breast feeding especially during the first year of the newborn is a matter of shame for the mother. It clearly shows that the mother does not care about the baby. Once she realises she is pregnant, the woman is not allowed to breastfed. This deprives the baby of the required nourishment which guarantees his correct growth. This condition is critical as the baby’s health will be at risk due to the deprivation of the only basic nutrient that can make the baby grow healthy”. (Memthoi, 60 years old)

These explicate the belief among women that one cannot feed the baby while having sex. Sexual act in the first three months following birth should be avoided as it is considered to be bad both

for the health of the mother and child. Breaching this taboo tantamount to deviant behaviour and is ridiculed by the women within the family, neighbours and the community. A new pregnancy delineates a complex picture for the mother and the newborn baby. The image of 'mothering' is tarnished with this act. The consequence of this act interrupt the success of the circulatory represented by the giving of 'good milk' which is solely for the purpose of obtaining 'correct growth', synonymous of the 'good nurturer' and of 'good mother'. Thus, the consequence of socially inappropriate sexual behaviour not only jeopardise the baby's health but also her very image of 'good mother' may receive serious blow.

The baby's ill health proves the mother's lack of care towards her newborn baby. A mother experience the situation with a deep feeling of shame: she is ridiculed by other women for not knowing how to deny herself to her husband and, at the same time, reprimanded by elder women. The atmosphere around the woman becomes strained and she herself is extremely uneasy in a situation in which her image as a 'good mother' is compromised. Violating post-partum taboos demonstrates little care a mother has for the well-being of her baby – 'a mother plays with her own child's life' as the women declared when the baby suffer from *khom kulai chuba* and the mother from *nupa mangba* and in the case of precocious pregnancy. In such a situation, when a baby cannot suck and when the correct growth and development is in danger everything that she had obtained and was recognised as hers up to that moment, as a 'good nurturer' and a 'good mother' is compromised because of her behaviour. The 'good mother' becomes a 'bad mother', she who is not observing the obligations imposed on her by her state of nurturer has made the transformation of her 'good milk' into 'bad milk' with all the consequences she knows well, on the physiological level for her child and on the social level for herself.

Conclusion

Breastfeeding is not only a physiological process but is steeped with cultural, social and psychological instances where a woman responded unconsciously to the commonly held belief in a community. With the assumption of the role of mother she becomes the sole survival mechanism for her baby by giving breast milk imbued with a series of responsibilities intertwined with different types of ties where she is considered the bearer. For a mother to be a

nurturer and to keep the ties intact she must know how to conjugate the duties of a mother, of a nurturer by avoiding the risk to that vital fluid, her milk, the indispensable nutrient for proper growth of the baby. Being a 'good mother' is translated when the woman sees the image herself in the role of nurturer and mother with multitude of relational richness. This is fulfilled when a woman breastfeed her baby and when her baby is in good health. However, this network of sociality is in jeopardy due to failure of breastfeeding, when the maternal milk becomes 'bad, bitter and inappropriate for consumption' and the baby's health is at risk. This happens when a woman breach taboo and cannot regulate the force of libido thus tarnishing the image of good nurturer and good mother and treated by the community with remorse. This indicates that the exercise of one's sexuality is never a private and intimate matter, involving only the two partner but kinship ties play an important role in the functioning of a community. A woman's sexuality, her reproductive calibre and the form and contents of her relations become the centre of social control- a social control which defines various periods of post-partum abstinence, different consequence for the violation of these rules, different psychological responses and different expectation from the community.

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