



Traditional Childbirth Practices of Rural Women Of The Kumaon Himalayas In Uttarakhand

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Abstract: All over the world, for centuries, traditional rituals and beliefs surrounding pregnancy and childbirth have existed. The primary purpose of the present paper is two-fold. Firstly, it seeks to share three concepts pertaining to Traditional Childbirth Practices (TCBP), namely non-human guidance in childbirth, the mother-child bond in childbirth, and social support in childbirth. Secondly, it seeks to understand the significance of knowledge of TCBP. These issues are discussed in a general context as well as with special reference to the traditional practices and beliefs of rural women in Kumaon region of the Himalayan state of Uttarakhand.

Keywords: traditional child birth practices • uttarakhand • *bemata* • placenta • umbilical cord • social support • *kumaoni* women • rituals • *dais*

Risks, danger and mysteries surround childbirth. All over the globe, in every culture, there exists a profusion of symbolic protective rites and topical remedies that have perhaps originated to help the woman in labour overcome anxiety, discouragement and pain which usually come with home births. Beliefs and rituals pertaining to childbirth are all focused around sustaining the life of the born and the birth-giver. The present paper discusses three such childbirth rituals and beliefs that seem to be universal in many parts of India, cutting across cultural barriers: *Bemata* – the goddess of childbirth, handling of afterbirths (placenta and umbilical cord) and social support.

Research Methodology

The study aims to scrutinize childbirth practices in rural *Kumaun* hills, focusing on their cultural significance, comfort, and outcomes. Traditional rituals and beliefs underpinning childbirth were systematically categorized into three domains: *Bemata*, nurturing the mother-child bond, and the broader social support network. This

framework offers insights into the holistic understanding of childbirth practices in these communities, shedding light on their cultural richness and socio-religious dimensions.

Results and Discussion

Each categorized traditional childbirth practice, rooted in *Kumaun* culture, is meticulously scrutinized, delving into its conceptual framework and underlying beliefs.

Concept 1: The non-human guidance: *Bemata*

“Imaged as a playful and rather fickle old woman, *Bemata* is amazingly familiar and at the same time a divine persona. She is invoked at the time of childbirth being the special patron of *dais* and parturient women. Living underground, she creates human beings out of earth, breathing life into them and writes their fate on their foreheads shortly after birth. *Bemata* is immanent in all nature, grows and protects the baby in the womb, but also seems to be responsible for complications if she does not ‘exit’ the mother’s body via postpartum bleeding. She is understood to leave the birth



home at the time of the *chatti* rite, six days after birth when she is thanked for growing and protecting the baby. However, she is also perceived as being responsible for diseases of mother and child in the postpartum period”, (Chawla, 2002).

Bemata the goddess, is not like *Durga* or *Saraswati*, *Lakshmi* or even *Santoshi Ma*. There exist no temples, pilgrimage sites, texts, icons relating to *bemata*, nor does she have a place in the ritual calendar (Chawla, 2002). She exists in the belief systems as the protector of childbearing women and their infants, with some slight variations, throughout Hindi speaking North India. There exists a duality of nature and roles of *Bemata*. She has a divine and potentially demonic *persona*. She is a protective and creative force and she is potentially destructive too. During pregnancy and at birth she is benign and fecund. She is responsible for the conception, growth within the womb, and birth. On the other hand, she is dangerous if she is not in the process of diminishing or leaving after birth. Her reluctance to leave the mother’s body is evident if the baby is born prematurely, if the placenta is retained, if postpartum hemorrhaging continues, or if either mother or child dies (Crosby 2008).

Childbirth processes are facilitated by special goddesses ...Communities have particular deities whose blessings expedite childbirth (Bajpai 1996). To evoke these goddesses as the source of energy (*shakti*) symbolic rituals are performed. “Rituals are helpful in facilitating a woman’s labour imagery acts as an interface between mind and body bringing what, in physiological terms, have been considered involuntary systems, at least partially under conscious control”, (Chawla 1994). For instance, the woman in labour is asked to let her hair fall free and locks and cupboards and trunks in the house are opened. These rituals symbolize opening of the womb and the birth passage and

separation of the child from the mother. In early modern Europe, as the pains came on all knots laces, fastenings and buckles were undone. It is a very old tradition: in the *Metamorphoses*, Ovid makes the goddesses do the same, and it is known to have been the rule in Greek and Roman society (Gélis 1991). During labor some women undo their buttons, braids, knots, and trunk locks to “open the way” for the baby (Jacobson 1989).

***Bemata* in traditional Kumaoni culture:** The womenfolk believe that a goddess they call *Bima*, protects their infants. She makes the child sometimes cry and sometimes smile. For instance it is said that when the baby smiles in sleep, *Bima* is making the infant smile. She is believed to come when the newborn is delivered. She moves about in the house and stays for six months until *annaprasan* and then leaves to go to some other house. She is invoked by keeping aside some money and rice grains praying for quick and safe delivery. When the labour pains begin, the woman is asked to loosen her hair.

Concept 2: The Mother-Child Bond: Placenta and Umbilical Cord

In bio-medical terms, the placenta is a waste product formed only in the women and only at the time of pregnancy. It is an organ that interfaces maternal and fetal systems and provides nutrients and oxygen to the fetus. It transfers waste products back to the mother’s circulation system to be expelled. In *Brahmanic* religious texts placenta is regarded as highly polluting. In traditional imagery the placenta is regarded as the ‘*phool*’ (flower) and the newborn as ‘*phal*’ (fruit). The cord and placenta which connected mother and child represent the mother-child bond. Traditionally, utmost respect exists for these parts of the female body and there is appreciation of the role of placenta in supporting the life of the child. The infant-cord-placenta is regarded as a package. The placenta is considered “another mother” to the baby.



Therefore the traditionally oriented people are particular about two things: *one*, handling of the placenta i.e. its ritual disposal and its healing properties; *two*, cutting of the umbilical cord i.e. who cuts it and when to cut it. It is believed that the manner in which placenta-cord is handled influences the child's health and well-being in later life. In early modern Europe, the placenta simply could not be neglected: the child's future career depended on it, because the child inevitably suffered from the repercussions of any misadventure on the part of its double..... For these reasons the fate of the placenta was never left to chance Up to the 19th century, the placenta was seen as the child's 'other self', his double. It was also the rootstock, symbolizing the transmission of fertility; it was respected, it 'existed' (Gélis 1991). Tradition dictates the afterbirth be buried, sometimes in the house or courtyard, with rite and prayer for the newborn child signifying that the child will always remain with the family in the '*angan*' or courtyard of the house and be protected too. It is never buried under a dry tree or else the mother's milk will dry up. In Tamil Nadu placentas hang in gunny sacks on trees which have milky sap – thought to promote lactation in the mother.

Placenta is also believed to have healing properties. For instance, it is often used as a tool to revive or resuscitate an infant who is not breathing at the time of birth. It is stimulated with heat believing that life flows from the placenta into the child from the *phool* (flower) to the *phal* (fruit). The practice of newborn revival by placental stimulation is related to people's perception of the placenta as a source of life (Bajpai 1996). In fact now placental blood and substances are now being used routinely in the United States for medical and genetic stem research and therapeutic value.

Once the delivery takes place, the placenta must be expelled from the body of the mother as this

determines the life of the mother. Until the placenta had emerged, 'nothing was finished yet': the mother still had 'one foot in the grave' (Gélis 1991). The *shaastras* refer to shedding of the placenta as *apara patana*. *Maharishi Vaagbhata* says that the *apara* (placenta) comes out when it is released from the bonds of the mother's heart (Bajpai 1996). Traditionally, delay in expulsion is treated by inducing the gag reflex by various methods e.g. the *Gujjar* women of the Himalayas make the parturient mother smoke a *bidi* which leads to coughing and often facilitates the spontaneous expulsion of the placenta. In early modern Europe, threads or hairs were put into the throat of the newly delivered woman for provocation of nausea that would help in ejecting the afterbirth.

Placenta in Traditional Kumaoni Culture: To facilitate delayed expulsion of placenta (*phalli*), the mother is urged to put her hair or fingers in her mouth to stimulate the gag reflex. The custom dictates that the placenta be wrapped in a piece of old cloth and ritually buried by the mother under a green, fruit-bearing tree such as the '*Dudila*' or the '*timul*' tree (which has sap producing leaves) – symbolizing life, fertility, health and nourishment. This practice of burying the placenta under a tree indicates their perception of the unity of life with nature. The tree and the environment are an integral part of the nourishment cycle which links cultural practices and practical benefit. If a fruit tree is not available nearby, then the placenta is buried under the projecting lentil of the ceiling of the house thereby symbolizing that just as the roof protects the house it will protect the newborn baby as well (Capila 2004). In early modern Europe, in most regions, it used to be put at the foot of a young fruit tree, which probably implies a sort of symbolic return to the 'mother', the tree..... In Germany a choice was made according to the sex of the child: a pear-tree for a boy, an apple-tree for a girl (Gélis 1991).



The birth cord and the placenta are regarded as 'a connecting link' between the mother and the baby, and as a 'source of life'. Cutting it symbolically separates two lives (Bajpai 1996). Therefore extra cautiousness is exercised in delivering, handling, separating and disposing the two. By many traditionally-oriented people the severing of the umbilical cord is looked upon as a highly polluting act. The standard medical practice is to cut the cord before the placenta is delivered. Traditional birth practice involves the cutting of the cord after the placenta is delivered. When the navel stump falls off, it is carefully preserved by say, burying it in a corner of the house. In the 19th century, the mother would keep the cord very carefully so that it would bring her boy good luck when he became a man: sewn secretly into the lining of a garment, it would ensure that he drew the 'lucky number' which would exempt him from military service (Gélis 1991).

Umbilical Cord in the Traditional Kumaoni Culture: Called as *naal* the cord is cut only after the placenta is delivered and the onus of performing the act is on the mother. If she is too weak or unconscious to do it on her own, somebody from her family like the mother-in-law or sister-in-law does it instead. When the mother is able to cut the cord of her own child, she retains ownership over the health of herself and her family (Capila 2004). Little blood from the cord is dabbed on the lips of the newborn. The belief is that the newborn will have red and not black lips and also because 'it is considered to be the life source which has nurtured the child in the womb' (Capila 2004). The dropped off *naal* or umbilical cord is kept on the top of a door in the house. The belief is that the child will always come home at the time of meals and will always have attachment with the place of birth, thereby symbolizing the strength of familial ties and the mother-child bond.

Concept 3: Social Support: Seeking strength in sisterhood

Even ordinarily, when labour was progressing normally, a strange atmosphere would pervade the house. The coming and going of the women turned the room of confinement into a buzzing hive. But there were meaningful swirls in this hive; everything spun round the mother-to-be: periods of tension and relaxation, pains and interludes, cries and whisperings determined the rhythm of time as the confinement progressed. For those with ears to hear, a lot of talking went on as well. The Word was sovereign over all (Gélis 1991).

Childbirth rituals are unique in the degree to which they are the domain of women in a culture, where men often seem to dominate (Jacobson 1989). The birth rite is the only wholly female rite where male presence is precluded...it is the only rite where a new life enters the earth (Chawla 1994). Traditionally childbirth and childcare is a matter of concern for the women and widely accepted as women's business. This domain often extends to a set of experienced women in the neighbourhood, the entire community and village. In early modern Europe, as soon as the first symptoms of labour were revealed, the women appeared at a run (Gélis 1991). 'A certain community feeling was a strategy for survival in an often uncertain world. Women who had themselves had easy deliveries were encouraged to stand by ... men were excluded completely (Guha 1998). There is growing evidence that appropriate social support during pregnancy, childbirth and the postpartum yields benefits in purely medical terms (Patel and Sharma, 2000). A combination of elements contributes to the well-being of the mother: affectionate, knowledgeable support that is both emotional and physical, and involves women in the family and community (SPAN 2001). The circle of women around the woman in travail symbolizes strength, solidarity and sisterhood.



Social support appears to be beneficial for both the mother and the infant. For instance, there is research evidence for several beneficial effects of social support on mothers such as fewer birth complications and shorter labors. Mothers are also likely to respond to their babies in the first hour after delivery by talking, smiling, and gently stroking (Kenell et.al 1991). Appropriate emotional support can result in fewer interventions during the birth itself (Klaus et.al 1992). Moreover, first-time anxious mothers undergo reduction in stress during their maiden experience of childbirth. Social support is particularly helpful in reducing stress during a first childbirth, when mothers are more anxious than in later births (Keinan 1997).

Similarly research evidence suggests that there are some beneficial effects of social support on infants as well. Oakeley's (1985) review of 38 published researches shows that social support during pregnancy can help reduce low birth weight as well as pregnancy complications. Oakley (1992) continues to stress that social support does not include just material resources, but also having and feeling social connectedness with other people of giving and receiving support. Social support may alter responses of the nervous system to stress and improve fetal growth in the womb. Therefore, women who have the benefit of several types of support from various sources during pregnancy are likely to have higher birth weight infants.

Social Support in Traditional Kumaoni Culture: The tradition defines the protocol of extending unconditional support to the woman in labour by the womenfolk from the entire village community and this is done by maintaining a routine of visiting her once the pains commence. Not only do they give emotional support, but they also assist in preparing the room by collecting the bricks and rope (Capila 2004) required for delivery. Day and night vigil is maintained as the women come

and go in between their daily routine of performing domestic chores. They constitute a boisterous group that surrounds the woman in labour with songs, laughter and conversations. In between general bonhomie the women keep tabs on the progress of the labour. It is a time for empathy, bonding, comradeship and sharing of experiences. The women offer sympathy, emotional and moral support to the comrade in labour; encourage her to persevere; assure her that she will deliver soon and safely; and even reproach her sometimes for lack of restraint.

The membership of this spontaneous support group is esoteric, exclusive and restricted to fertile, married and wise (*sayaani*) women by virtue of age and experience. Excluded are the children whose playful antics will cause the unborn child to play in the womb; juvenile or nubile girls for their protection; pregnant women for fear of triggering off premature labour pains; and childless women for inauspiciousness of their presence. Male intervention is sought only when the delivery is prolonged and declared unmanageable by the *dai* for providing support by way of arranging vehicle to transport the woman now in peril to the nearest medical help available in the form of the nearest hospital or Primary Health Care unit.

Traditional and Modern: Need for Bridging Gaps: In every culture there exists a profusion of symbolic protective rites for all stages of pregnancy and childbirth. These are various rituals and traditional beliefs that have been transmitted from one generation of women to another as these 'give value and meaning to each phase of the woman's life' (Capila 2004). Women often put all their trust in them, which help them to overcome anxiety, discouragement and pain. These govern the lives of the womenfolk and are deeply embedded in their psyche so much so that they may have a crucial role to play in producing a psychological healing effect on the women who might then be able to



heal themselves through their various stages in life i.e. pregnancy and childbirth. But with increasing knowledge of safe delivery practices, there has been a decrease in traditional practices that did no harm and even had indirect social benefits (Capila 2004). Over 60% of deliveries in rural India happen within the home (Bahl 2008). The interface between institutionalized and domiciliary birth is wrought with friction. When traditional meets modernity, especially in the ever globalizing contemporary India, tradition is often the first to go (Crosby 2008). For instance, little is said about the role of social support in assisting the woman during pregnancy and childbirth. In documenting traditional birth practices, not much emphasis is given to this kind of support which is both nurturing and welcome. In the modern health care system, this is lacking i.e. familial and community support becomes peripheral to the presence of the doctor and the hospital (Capila 2004). This observation illustrates one of the consequences of development which is often cultural deprivation – the slow and steady loss of traditional knowledge which has no written records and has survived only by way of oral tradition. The discord between the domiciliary, traditional embodiment of birth and the westernized model advocating institutionalized birth needs to be addressed and the friction in the interface between the two needs to be wiped out. There is a need to preserve the respect for indigenous systems of TCBP by understanding the cultural attitudes, skills and practices which are shared by communities of women surrounding TCBP. Efforts should be made to create conceptual and practical linkages between bio-medicare and ethno-medicare in order to improve the health status of women and infants. Any strategies aimed at providing the benefits of modern technology in medicine to the mother and child must be carefully designed to make them holistic and culturally inclusive. Another

strategy should be to build on the culturally appropriate knowledge and skills of women especially traditional practitioners (*dais*) who are the repositories of traditional knowledge and beliefs. Not only are they knowledgeable about the socio-cultural background of the community, a large proportion of populace relies on them especially in rural areas. Given the shortage of health professionals, particularly in rural areas and the economic considerations, the value of the contribution of experienced, trained and skilled traditional birth practitioners increase manifold.

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