

Healthy Womb, Healthy World: Some Reflections on Cultural Practices

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Abstract

Women are central to building a healthy world. Maternal malnutrition increases the risk of obstructed labour, premature or low-birth-weight babies, and postpartum hemorrhaged. The child in the womb and at the breast is directly influenced by the nutritional and emotional well-being of the mother. This study is based on ethnographic methods, including in-depth interviews and participant observations conducted across different regions of Himachal Pradesh to explore how cultural beliefs and practices shape maternal health, nutrition, and well-being. The findings reveal that culturally patterned behaviours—such as food restrictions, colostrum denial, hot-cold food classifications, and postpartum dietary taboos—continue to influence the health of pregnant and lactating women. These cultural norms often override biomedical recommendations, showing that nutrition is not only a medical concern but also deeply embedded within social traditions. The study underscores the need to integrate cultural understanding into public health interventions to ensure healthier mothers and future generations.

Keywords: Malnutrition, postpartum, lactation, cultural-practices.

Introduction

Right off, talks about hunger and weak nutrition grabbed attention at gatherings across India and far beyond. Building strong futures begins before birth - mothers who are expecting or feeding babies need extra support. Children under three years old rely heavily on early care that sets them apart later. Once past twenty-four to thirty-six months, lasting harm from ongoing nutrient shortages takes hold without chance for repair. Women hold key power here: well-nourished them means healthier offspring down the line. That shift - from potential locked away to growth unleashed - is what some now call essential. Starting in 2016, a global push unfolds through the Rome Declaration aiming to wipe out hunger along with all kinds of poor nutrition by 2025. New data from India's NFHS-4 survey shows alarming trends: half of adult women suffer from anaemia. One out of every two kids falls below height standards, just as many are too light for their age. Breastfeeding rates improve slightly, yet still, close to half of infants under six months do not get milk exclusively. This means a full forty percent of those building the next generation of workers might struggle with growth and thinking clarity - numbers pulled straight from recent regional tracking. When mothers do not get enough nutrients, it can raise chances for trouble during pregnancy. Babies might be born too soon or weigh less than expected. Delivery may also take longer than normal. Heavy bleeding after birth becomes more likely under these conditions.

Severe anaemia in pregnancy ties to higher risk of death during childbirth. Babies born small and alive might face growth problems from early years right up to young adulthood. These growth-stunted adults often pass on poor nutrition, having small babies themselves. That cycle keeps going without change.

To capitalize on its demographic dividend, India needs radical transformation. There are several dimensions to address the challenge of malnutrition or health of women. This paper explores that until health (physical, emotional and spiritual) of women is not brought to the centre stage India cannot fulfil its commitments. This paper will also focus on how the beliefs, cultural practices, traditions, dietary habits, preferences and behavioural changes multiply the problem of malnutrition in women. This research will also explore the less clearly recognized and appreciated dimension that emotional and mental health of pregnant and lactating women is as important as their physical health. Any emotional or psychological problems faced by these women are likely to have a negative impact on the foetus or suckling infants, thus compromising their development into healthy, well-adjusted individuals.

In the backdrop of the discussion for the healthy generation it is of utmost importance to emphasize the fact that women should give birth to the healthy baby. For the good health of the baby healthy foetus should be developed. For the health of the foetus health (physical, mental and spiritual) of parents is important. Right from the conception till birth almost all cultures of all societies have realized that the creation of life should not be by chance but by choice or with all thoughts and preparations. To understand maternal health in its full complexity, it is essential to recognize that scientific knowledge has always coexisted with cultural interpretations of conception, pregnancy, and childbirth. The new century should usher into new birthing humanity which can be made possible when the millennial generation will be the designed generation as explained by a poet it was egoistical well intended accommodation, making a baby one of my big ideas. If we go back to the thirteenth century Jewish sex manual The Holy Letter which believes that proper intercourse is 'knowing' which comes from the wisdom and understanding which has equivalence to our word conception. Knowing means what a man was thinking at the time of intercourse determines the quality of the child. If a man has no intention of concentration for the sake of heaven, that seed drawn from him is a fetid drop, in which God has no portion, no share and is called preventing his way.

In the West, starting with Aristotle almost every pre-scientific theory of conception has started from assumption that male has active and spiritualizing contribution. The woman in contrast provides a raw material until 1651 when William Harvey explained that the origin of life is in egg and each egg contains a pre-formed human being in miniature (Rodger Kamenetz ,1991). The studies have shed light on the popularity and wide use of the application of holy words to women's bodies during moments of pregnancy and motherhood, particularly in medieval and early modern England and France. In early modern Italy, in early fifteenth- century Florence, a young seven months pregnant woman, a protagonist in Sacchetti's story illuminates actual practices and objects. Afraid of her own well- being, as well as that of her unborn child seeks out 'legends of Saint Margaret, medicines, brevi and every other thing'. (Katherine,2019).

That winter of 2005, a column by Dalton Conley - then at NYU, now at Oxford - landed on the New York Times page. His words pointed to how many people in America view a fetus like it's someone growing into its own being. Meanwhile, for years, mothers were expected to answer for their kids' well-being. Rarely did dads face anything like that kind of pressure or judgment. Lasting legacies may come from fathers, passing down effects through many family lines - research shows dads shape early fetal growth and child well-being too. The father's flight of fancy. How else could I make her mine? Faced with obvious biological reality, I reached for another kind of truth. "I remember," I said to M., "when your first child was born, I already had one."

That certainty didn't fade. Even before she arrived, it shaped how I saw everything - like pleasure itself held entire worlds within its ripple. Carried by it, through months, then days, finally that moment when air changed and time stretched differently. Yet landing here, among feedings messy and loud, sleep broken, tears salted, and soiled clothes piling - suddenly, the warmth of verses I'd imagined cracked slightly open. What tied us wouldn't flow naturally; instead, threads woven from where we lived, what we valued, and silence between unspoken choices tugged deeper than expected (Kemenetz, 1991).

The Rationale of the Study

The study aims to explore how the conditions that exist before and at the time of conception shape the development and life trajectory of the child. It seeks to demonstrate that not only biological factors but also cultural practices and beliefs play a significant role in influencing maternal and foetal health. This work further emphasizes that the process of biological parenting begins well before birth, extending even to the period prior to conception. In addition, the study examines how culturally patterned behaviours influence the development of the foetus and the birth of a child, highlighting the deep interconnection between cultural traditions and maternal wellbeing.

Research Design and Methods

The paper is based on ethnographic research which has examined the multiple factors of health and nutrition of a woman vis-à-vis the foetus in her womb as a means of investigating well- being of a women. The universe of this research is the State of Himachal Pradesh. My familiarity with the culture of Himachal Pradesh has facilitated the research to great extent. Through ethnographic conversation and in-depth interviews with the interviewees from different parts of the State the information related to several social and cultural determinants of health, nutrition and social well-being of a woman during pregnancy, delivery and lactation period was ascertained. The main focus was to examine the cultural practices, traditions and beliefs during this period.

Following ethical rules, the study stayed within acceptable boundaries. Every person interviewed gave clear permission, while their identities remained hidden throughout. Using real-life involvement, meaning from raw material - like talk sessions, close conversations, and written or shared items - was pulled through careful viewing. What emerged came from how people lived, spoke, and left traces during deep exploration.

Literature Review

The biological requirements of women during pregnancy meet their sociocultural environment at this critical point which determines their health status and their community's health status. Different cultural groups maintain unique perspectives about pregnancy and maternal duties which determine what foods pregnant women should eat and their health practices. Traditional beliefs in various cultures determine which foods pregnant women should eat or avoid during their pregnancy. The way people view these foods determines which nutrients they will get from their diet which affects their health status and their baby's development. Alonso (2015) explains that cultural elements play a central role in these practices because religious beliefs and cultural norms determine nutritional security levels in developing nations. Many cultures treat pregnancy as a social milestone which combines biological processes with cultural traditions that establish food restrictions and eating rituals. The Indigenous communities perform culturally based postpartum food rituals which serve to bring motherly health back into balance. The practices demonstrate how traditional foods matter for cultural identity and how food serves as a social indicator. The analysis of cultural practices affecting maternal nutrition requires understanding how community values and beliefs affect the health of future populations. The cultural elements which affect maternal and fetal health create lasting effects which affect community wellness and establish new eating habits for future generations. The cultural practices which affect maternal nutrition create multiple effects that affect short-term maternal and fetal health and produce lasting impacts on community wellness and future population health. The nutritional habits of pregnant women together with their breastfeeding practices and child-feeding methods receive significant influence from cultural beliefs and traditional practices.

The research by Nguyen et al. (2017) shows that maternal nutrition during pregnancy depends heavily on various cultural elements which affect large-scale programs in Bangladesh. The research shows that mothers receive proper nutrition

education and follow traditional food customs leads to better health results for their children. Proper maternal nutrition helps prevent low birth weight which leads to higher infant mortality rates and future developmental issues and chronic diseases.

The research framework developed by Nguyen et al. shows that cultural-based nutrition programs help pregnant women eat a more varied diet which leads to better consumption of essential nutrients. The better nutritional status of foetuses during pregnancy results in children who develop stronger physical growth patterns. The research participants who followed traditional dietary recommendations reported two main benefits: they gained confidence in their food choices and they noticed better health results in their children. The nutritional health of mothers during pregnancy creates lasting advantages which benefit their children through better cognitive abilities and academic success leading to a healthier and more capable next generation.

The nutritional status of mothers creates a lasting effect on family food choices because it determines the eating habits of their children. When mothers demonstrate healthy eating habits to their children, they are more likely to continue these practices which will create a positive cycle of better health and nutrition. The health status of mothers determines how their children will eat because substandard maternal nutrition creates a cycle of poor health which affects their development and community health. The situation becomes more critical because poverty and restricted healthcare access create conditions where nutritional deficiencies and related health problems become permanent population issues.

The research by Nguyen et al. (2017) demonstrates that maternal nutrition requires comprehensive attention because it exists within cultural traditions and community health systems. The research demonstrates that maternal health exists as a social issue which affects communities through economic status and educational levels and local food systems. The implementation of nutrition programs which understand cultural needs will create a powerful tool to enhance community health while reducing future health inequalities which will determine the health destiny of future generations. The development of community health practices which focus on maternal nutrition through cultural understanding will create new opportunities for better health results which benefit children and their communities. The combination of improved maternal health with cultural understanding will create a path toward better child development and community strength. Women in various societies maintain traditional dietary practices through matrilineal knowledge transmission to their offspring.

Research into social capital reveals how family networks together with community resources and friendships affect maternal nutrition. Women who maintain strong social connections tend to develop better nutrition habits which creates an environment that promotes healthy eating for their children. Women who experience social isolation because of economic challenges face difficulties in obtaining essential information and resources which raises their risk of developing malnutrition together with their children.

Maternal nutrition and health receive their shape from cultural practices which produce significant effects on community health and future health of offspring. Christian et al. (2015) demonstrated that nutrition directly affects the health of mothers and their newborns and children which makes it essential to understand cultural influences on dietary choices and maternal health. The health status of mothers and their children depend directly on the cultural practices which either support nutritious food consumption or maintain dangerous eating habits. Local food traditions in various communities teach people to value particular foods which provide essential nutrients to pregnant and nursing women. The adoption of these beneficial customs results in better maternal nutrition which creates favourable health results for newborns and their first years of life.

It is essential to recognize dangerous cultural traditions which result in poor nutrition and unhealthy results. Some cultural traditions prevent women from eating balanced meals during pregnancy and promote feeding restrictions which endanger the health of mothers and their babies. Public health initiatives that incorporate sociological methods enable communities to develop spaces which support advantageous cultural traditions while working to eliminate harmful customs. The combination of healthy nutrition promotion with community strength development results in better health outcomes and stronger social bonds. Better maternal nutrition during pregnancy leads to improved health standards in future generations because children who receive proper nutrition develop into healthy adults who can care for their own children with better health.

Maternal health programs achieve better results when they implement interventions which understand and respect cultural differences. Health practitioners who understand social and cultural aspects of their community can create programs which match local values and traditions thus gaining better community participation. The success rate of nutritional guidance programs improves when community health workers receive training to understand and implement local customs because they build stronger relationships with their communities. The implementation of culturally appropriate health interventions leads to better maternal health results and produces better community health outcomes because well-nourished mothers produce well-nourished children.

The long-term advantages of these interventions establish a positive cycle which benefits the health of subsequent generations. Communities that focus on culturally sensitive maternal nutrition programs will establish a permanent health legacy which strengthens women and benefits their entire family. The upcoming challenge requires communities to support nutritional practices which promote wellness while actively working to eliminate dangerous customs. The complete method will protect mothers and their children in the present while building healthy populations for the future

by linking cultural traditions to maternal nutrition and community wellness (Christian et al. (2015).

The Unchanged Scenario

Across India, too many mothers lose their lives during childbirth. For decades, this problem has persisted without real change. Behind these deaths lie deep roots - poor diet, weak healthcare access, missing clinics, dirty surroundings, and risky pregnancy choices. Each factor feeds into the next, shaping a harsh reality. Maternal deaths in India stand at 129 out of 184 countries, while infant mortality ranks 145 across 193 nations - data from the World Bank Report. The United Nations set a target, its fifth Millennium Development Goal (MDG-5), aiming to cut global maternal mortality by a quarter from 1990 levels before 2015. Although India joined the Millennium Declaration during the UN General Assembly in 2000, it has since restated support for eight then-seventeen global development objectives, now known as the Sustainable Development Goals under Agenda 2030. Improving care for women before, during, and after childbirth can help lower deadly outcomes. Improving health for mothers and kids stood high on the list when MDGs ran from 2000 to 2015 - since then, SDGs like Agenda 2030 keep that goal alive under the UN.

Right now across India plus in Himachal Pradesh official campaigns aim at improving community wellness through simple yet focused programs - one being JSY, where new mothers are supported during delivery. Another effort, called JSSK, ensures expectant parents receive quick and free care when giving birth. The PMMVY project helps mothers post-delivery by offering cash benefits tied to health checks and vaccinations. A fresh annual drive, known as Pradhan Mantri Surakshit Matriyta Abhiyan, runs yearly to highlight safe pregnancy services and raise awareness about available resources nearby. The government has abysmally failed to achieve the goal not because schemes and programmes could not reach the target groups but because they were not adopted in words and spirit. Another reason was that these programmes and campaigns could not alter the age-old beliefs, traditions and experiences of the people which are transcended from one generation to another. The growth of the foetus to the child or strictly speaking into a healthy human being is not only nutritional experience but social as well.

The set of beliefs, practices and traditions determine the feeding practices of a woman during pregnancy and lactation (prenatal and post-partum). The following these beliefs and practices purport to protect the foetus, the new born and mother from any type of unforeseeable risk. The science or medical science has established that pregnant and lactating mother needs special care in terms of her health, but culture has its own ways of dealing with these issues which are still prevalent in society specifically in lesser changed i.e. rural society. The need of the food for a living beings is important throughout the life but it is particularly urgent for a woman during pregnancy as during this period she is not only nurturing herself but is also responsible for giving birth to healthy infant for next generation. The infant's development starts with the feeding in the uterus where the nutritional needs are met by the placenta. After the birth of the child breast takes the place of placenta. Bostock very aptly remarked the 6–9-month-old infant as an Exter gestate foetus.

Culturally Patterned Behaviour

People who study social evolution often believe certain customs help individuals survive or reproduce better. According to Lumsden and Wilson, back in 1981, certain ideas - they called them "culturgens" - spread through society even if survival gains aren't obvious. What people do isn't just about unique personal habits. It grows out of shared history. As early as 1970, A.F.C. Wallace pointed out that while humans have character traits, groups develop culture. Over time, customs and structures emerge from human mental tendencies shaped by society. These aren't random - they're passed down through social channels. First up, society shapes habits through shared experiences - Barkow pointed this out back in 1973. Because of that, predictions emerge about how things might unfold, like refusing colostrum from newborns. What science clearly shows is that colostrum passes protective immune factors to infants. That part? Backed fully by medical research. In the area under study there is no uniform pattern but in some parts of the State colostrum is denied as it is believed that mother of newly born baby feel weakness if colostrum there after milk is fed to the baby. So generally, breast feeding is avoided by in some areas. In other parts colostrum locally known as kees or kaal is considered as heavy because of its viscosity so few drops are flushed out as it is considered as frozen part of the milk (heavy to digest) in mammalian mothers and fed thereafter. The complex network of beliefs and cultural practices appear to be more crucial than any other set of variables in determining the care of the mother during prenatal and post-partum. The need of extra nutrients during pregnancy and lactation diet of the mother is restricted qualitatively and quantitatively cultural beliefs and practices which are across India but varies from region to region. In the area under study the idea of food is governed by the intrinsic nature of food. The perception of 'hot' and 'cold' and vaayu in dialect bayilo (gas producing) foods decide what type of food should be given. These foods are believed to have effects on the mechanisms of the body under various conditions and seasons and this view point is also supported by Ayurvedic and Unani systems of medicine (Traditional systems of medicine). In the higher reaches of Himachal Pradesh like Kinnaur and Lahual Spiti chhus (soup of melted animal fats), sharwa (soup of the meat of legs of sheep), dhu (The flour of buckwheat with maar (butter) form main diet after delivery. In the upper part of district Shimla baddi / seera (wheat flour cooked in water), lotte/childu (liquid wheat flour spread and cooked on flat surface). In all areas ghee remains the main ingredient of the diet. The belief of Malay women in the abstention from 'cold' foods during the 40 days following child birth resulted in nutritional deficiencies.

The vegetables, fruits, water and normal diet is altogether prohibited as they all come in the category of 'cold' food. It is believed that consumption of such food would permit air to enter their body and cause Sutak Bai and sutika jwar (damage of the tissues and may cause inflammation in any part of the body).

Other traditions often label rich, common nutrients as not food at all. In Korea, people swallow earthworms - something unsettling to Europeans. To Americans, tomatoes seem dangerous. It does not make sense to think certain traditions are

inherently good. Each comes into existence because those who carry them manage to last through time.

Conclusion and Suggestions

This study demonstrates that maternal health is shaped not only by biological processes but also by deeply rooted cultural beliefs and practices that influence nutrition, behaviour, and emotional wellbeing. The findings show that while some cultural traditions—such as the use of warm foods, postpartum rest, and community support—provide meaningful care to pregnant and lactating women, other practices such as colostrum denial, rigid hot–cold food classifications, and excessive dietary restrictions have adverse consequences for both mothers and infants. These culturally patterned behaviours continue to hold strong influence in many parts of Himachal Pradesh, often overriding biomedical recommendations and limiting the effectiveness of public health programmes.

The persistence of these practices highlights the need for policies that go beyond service delivery and focus on culturally informed health education. Maternal health interventions must actively engage with community beliefs, involve family members—especially elders—and integrate local knowledge with scientific guidance. Strengthening frontline workers with sociocultural awareness, creating dialogue-based awareness programmes, and ensuring better nutrition support for women can help bridge the gap between policy and practice.

Overall, the wellbeing of pregnant and lactating women requires a coordinated, multidisciplinary approach that acknowledges the interconnectedness of biological, cultural, emotional, and social factors. Only through such an integrated framework can society ensure healthier mothers and build the foundation for a healthier future generation.

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