THE QUALITY OF A MOTHER'S MILK AND
THE HEALTH OF HER CHILD: BELIEFS
AND PRACTICES OF THE WOMEN OF
MITHILA

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Abstract—Among Maithil women there is an understanding of the relation between a mother's milk and
the health of her child. Their understanding is supported by the Ayurvedic tradition. Characteristic is the
way in which breast-feeding condenses so many meanings—nutritional, medical and moral—into one act.
The mother not only nurses her child but also forms his character, fulfills her own personhood and
perpetuates her husband’s family.

Key words—Ayurveda, breast-feeding, child-mother relation

The purpose of this paper is to provide an ethnographic account of the link between mother and child in breast-feeding. This simple act of human
nurture is found throughout the world; we shall describe how it is practised and understood in Mithila. The people of Mithila, some 20,000,000 in number,
live in northern Bihar, India and the eastern Tarai of Nepal. Our material was collected in and around Janakpur, a provincial town and mar-
ting centre in Dhanusa District, Nepal. Most of our informants were women: both literate and illiterate, high and low caste, young and old, leisureed and
and wage-earners. For Maithil women marriage is village exogamous; hence our informants were not originally from Janakpur. Rather they had passed their
childhood and adolescence in other towns and villages of Mithila. Thus our material is representative of much of the country. Moreover, in both its content
and its range of intra-cultural variation we found resemblances with other Hindu and Muslim peoples
living in the Ganges basin and along the southern flank of the Himalayas (we shall note these resem-
blances parenthetically in the text). Our observations have, therefore, some validity over this much broader cultural area.

In Mithila, and indeed of Hindu peoples in general, health and longevity are believed to be the natural outcome of a proper dietary regime. Conversely
illness may be attributed to some fault or unsuitability in regimen. Applied to babies and toddlers, it
follows that illness and growth problems stem from some fault or deficiency in the milk of the mother, or
wet-nurse, who nourishes the child. In analysing the case histories collected from Maithil women, three
themes emerged. First, there may be some deleterious quality in the mother which is transferred to the child
through the medium of her milk. Although the mother may in some cases be able to cope with such a
quality—so that she herself does not feel unwell—still her child is small and remains vulnerable to its
influence. Second, the mother may be physically

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knows that the first thing he must do is treat the mother. When the mother is cured, her infant's illness goes away.

Thus far these introductory remarks have introduced three protagonists: the women of Mithila, an innovative Ayurvedic healer (vaidiya) of the locality and ourselves. Before proceeding further, it might be helpful to clarify our mutual relationships as a way of specifying the matrix in which our ethnographic material was collected. We travelled to Mithila, and remained there for 1 year, in order to record the beliefs and practices of women about child health. We focussed particularly on water-related diseases; hence our interest in infant feeding practices which we understood to be a medical issue. Much of this information was embedded in women's practices; and these practices were largely perpetuated in family traditions. Our informants understood these practices to comprise in some sense a women's knowledge. Men might come to know it, but women thought that men could never understand the experience which underlay it. Moreover, insofar as women understood the implications of breastfeeding for the health of their children, the question of medical causation could not be separated from the issue of personal responsibility. We asked our informants about child health, for they assumed from our questioning that we were not yet initiated into the 'facts of life'. Seen as practices, their knowledge lacked much of the formal character of our own. One could, of course, formalize their knowledge by rendering explicit its presuppositions, but in doing so, the decontextualized facts would start to appear 'strong' and their implications would contradict other such decontextualized statements. The result would be a caricature of their beliefs. For this reason we prefer to consider their statements as being part of a practical understanding in which we have identified certain themes. Each theme has an explanatory import in a particular context, for tradition is variously recalled, invented and reworked. By not overextending the context ourselves, we are being rather conservative in our representation of their understanding: but we feel that our restrained description to be more authentic than if we were to construct their knowledge on their behalf into a species of 'ethno-medicine'.

The first theme in women's understanding is that the human breast is an organ in which 'water' is converted into milk. This theme stems from the observation that the breasts begin to swell in the sixth month of pregnancy. It is said that they swell with 'water', a term which usually refers to water, but may also refer to other bodily fluids. A mother's 'real' milk is not ready at the time of her child's birth; rather it comes 2 or 3 days later when heat in her body transforms 'water' into milk. We identified this heat with puerperal fever, but our informants attributed it to the heating tonic which the parturient mother consumes about 12 hr after giving birth. The tonic is a form of haluva, prepared from wheat semolina to which mustard oil and heating substances, such as black pepper corns and ginger, have been added. The theme that milk is produced from water is also implicit in the practices of 'mixing' the milk in the breasts. The milk at the 'bottom' of the breast is thought to be rich and heavy while that at the 'top' is thin and water-like. Thick milk may be difficult for the baby to digest; and thin milk is nutritionally deficient. Hence a mother may massage her breasts in a circular fashion for a moment or two in order to achieve a proper balance of thick and thin water is also implicit in the practices of 'mixing' the milk in the breasts. The milk at the 'bottom' of the breast is thought to be rich and heavy while that at the 'top' is thin and water-like. Thick milk may be difficult for the baby to digest; and thin milk is nutritionally deficient. Hence a mother may massage her breasts in a circular fashion for a moment or two in order to achieve a proper balance of thick and thin

The second theme is rather like the first with the difference that blood is substituted for water. Blood pervades the body; and as it enters the breasts, it is transformed into milk (similar notions are reported for the Tamils of Sri Lanka [19]). This theme figures in explanations of particular mothers' capacity to produce milk. A woman who is said to be weak from insufficient blood is also thought to be unable to produce sufficient milk. Further evidence of the relationship between blood and milk lies in their functional equivalence. In the fifth month of pregnancy, when the foetus receives its 'mind-seta', mothers begin to speak of their carrying a 'child'. The child is nourished in its mother's womb by her blood. After the child is born, it seeks nourishment from the milk in his mother's breasts. Thus there is a formal difference, but functional equivalence, between blood and milk. We were told that once the baby is born, the mother's blood turns into milk whereupon she nourishes outside her body the infant whom she had previously nourished inside.

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THE PRODUCTION OF MILK

Women's understanding of the formation of milk in their body was largely practical in orientation. They reflected upon their capacity to produce milk and they evaluated other women in this light. They also recognized the implications of breast-feeding for child health and development and thought highly of other women who knew recipes for the promotion of rich and abundant milk. Their practical orientation led them to assume that our investigation also had a practical and personal motive. Hence their initial surprise when we asked about childbirth and breast-feeding, for they assumed from our questioning that we were not yet initiated into the 'facts of life'. Seen as practices, their knowledge lacked much of the formal character of our own. One could, of course, formalize their knowledge by rendering explicit its presuppositions, but in doing so, the decontextualized facts would start to appear 'strong' and their implications would contradict other such decontextualized statements. The result would be a caricature of their beliefs. For this reason we prefer to consider their statements as being part of a practical understanding in which we have identified certain themes. Each theme has an explanatory import in a particular context, for tradition is variously recalled, invented and reworked. By not overextending the context ourselves, we are being rather conservative in our representation of their understanding: but we feel that our restrained description to be more authentic than if we were to construct their knowledge on their behalf into a species of 'ethno-medicine'.

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These first two themes imply that the body is a system of transformation in which 'water' or blood is
converted into milk. The third theme implies that no such transformation takes place. From the time of puberty a woman's breasts contain milk. When breasts swell at the time of pregnancy, it means that there is simply more milk there than before. The universal advice given to lactating mothers is to drink milk in order to produce milk. 'From flesh comes flesh; from milk comes milk' said also our Vaidya. Thus the body stores and distributes food, but does not transform it. Further support for the inference that the milk is already in the breasts lies with the observation that colostrum is milk which has 'gone off. This implies, contrary to the first two themes, that the milk is ready for some time prior to birth, and that it sours and curdles when it is not drunk by the baby.

THE PROHIBITION ON FEEDING COLOSTRUM TO THE NEONATE

Immediately after the delivery and the emergence of the afterbirth, the midwife cuts the cord, cleans the baby with mustard oil, and then massages and rinses the mother's body. Throughout the remainder of the day the baby is not put to his mother's breast, for the mother's milk is not ready until the second or third day postpartum. Women were unanimous in their avowal that the initial milk rich in colostrum, is not and should not be fed to the infant. Some women claimed that just as the blood of birth (khas) is foul by virtue of its having stagnated in the womb for 10 months, so also is colostrum milk which has 'gone off'. We were told that a baby who drinks colostrum would vomit. Other women, however, flatly rejected the notion that colostrum could at all be milk. For them colostrum is a foul substance that oozes from the breasts; it is only by describing it as pus that one can evoke the kind of repugnance which some mothers felt toward the prospect of feeding it to their babies (similar views have been reported for Tamils [19], Telengus [14], Bengalis [3] and Gujaratis [18]).

Given the bio-medical value of colostrum, we explored local practices for any divergence from these feelings of repugnance. In Ayurveda colostrum is used as an unguent in the treatment of certain skin and eye infections. Our informants persisted, however, in asserting the risks of feeding colostrum to the neonate the baby does consume some colostrum. Given the intractability of Maithil women on this issue, it might be worthwhile establishing the colostrum intake of infants in a society where, ideologically speaking, they consume none. It may be that the practices in association with the ideology are deficient enough that the baby does actually ingest a beneficial level of colostrum in its notionally 'fresh' and 'real' milk.

Infant feeding practices in connection with colostrum are of particular importance to health workers. It must be stressed, however, that this taboo has been isolated from its cultural context largely as a result of bio-medical curiosity. When seen in context, the custom loses some of its salience. Fundamental to this context is the idea that on the day of birth the mother is neither in a state to feed another nor to be fed herself. After completion of labour the mother is given warm milk to drink (preferably cow's milk) and then about 12 hr later a tonic of peppery haluvd. Her first proper meal, however, is not consumed until the second day. Thus during the day of birth the mother remains, notionally at least, outside the food distribution network altogether. The reason for this lies with the overlap in structure of the stomach (pet) and womb (also pet). The process of giving birth perforce disrupts the process of digestion; the mother cannot digest solid food until her stomach-womb has recovered from the evacuation of the foetus. Hence on the day of birth, after the midwife has wiped clean the baby, the women of the courtyard fuss over it improving its looks and commenting approvingly or disapprovingly on its sex—and then they offer it warm cow's milk or they wet-nurse it. The mother at this stage does not try to establish an exclusive affective relationship with her child. Thus the taboo on colostrum, while understood on its own terms as
The prohibition on feeding stale milk to the neonate, forms part of a pattern of minimal, tentative contact between mother and child during the first day postpartum. It must be asked then what the baby does drink on the first day in the absence of its mother's milk. The first food is given between 4 and 12 hr after birth. A senior woman of the household twists some cotton wool into a wick, immerses it in a sweetened liquid and then lets the drops fall between the baby's lips (a similar custom is reported for Gujarat [18,25], Rajasthan [24], Uttar Pradesh [24], Tamil Nadu [19], Bengal [3] and the Punjab [6]; in Bangladesh mustard oil is also fed the neonate to cleanse its intestines of meconium [3, 9]). Traditionally honey is used, but its cost and unavailability in rural areas oblige many women to substitute instead treacle-sweetened water. Initially, the purpose of the custom is to wish the infant a sweet, enjoyable life. Throughout the day, however, women may continue to feed sweetened water to stop the neonate from crying. Glucose, which is widely used as a children's tonic, may also be used in this ceremonial feeding, implying thereby that the women wish the child both a sweet and a robust life. By offering the infant its first food of sweetened water, the maternal character of the nourisher is impressed for life upon the neonate (similarly for Gujarat [18], Rajasthan [24] and Uttar Pradesh [24]). The importance of the child's patrilineal relatives is clearly brought out in the ceremony. Feeding is initiated by the child's father's sister or by the father's mother or father's elder brother's wife; it is not initiated by the mother. Sweety is used in this wishful act of the women of the courtyard offer the baby its first milk. Traditionally this should be goat's milk (as in Uttar Pradesh [24] and the Punjab [6,16]). Goat's milk, however, is not readily obtainable and the newly born is usually offered warmed cow's milk or the milk of a wet-nurse, possibly a neighbour, but preferably another woman of the courtyard or a relative who can stand in for the parturient mother until her own milk is ready. Goat's milk, like honey, is one of those ideas which is perpetuated as a norm more than it is sustained in practice. Unlike honey, however, no woman could tell us why goat's milk was recommended. Instead we only heard about the dangers of buffalo's milk, some claiming that it was too fatty for the neonate to digest. Others spoke of the mental risks, providing in evidence a lot of gratuitous comment about the dairyman caste (goar) who are proverbially dim-witted. Water buffaloes are said to be dull, plodding creatures and these qualities pass through the meconium (bat)—which are produced as dross in the goat's stomach, leaving behind a complete range of impurities are destroyed by the digestive fire in the goat's stomach, leaving behind a complete range of impurities which pass into its milk. The milk being faultless (nirdosa), is thereby empowered to destroy illnesses caused by all three faults. From this it follows that the purpose of the goat's milk is not simply to nourish the child, but also to destroy any fault which the child might have inherited from his mother or father, thereby giving him from birth an independent medical history.

**The Control of Milk during Postpartum**

In Mithila the postpartum is a period of ritual isolation. The expectant mother at the onset of labour enters the birthroom. At the culmination of labour the child 'takes' birth and the mother becomes defiled by the blood and afterbirth. Forty days later her purity is restored and she resumes normal social relations. Re-integration with village and home is signified by her drawing water from the neighbourhoood well and by her worship at her household shrine. During this 40-day period the mother is under the care of the members of the women of the courtyard have a double preoccupation with regard to breast milk. Everyone is concerned that the mother establish a regular abundant flow of milk and at the same time that her milk be protected from the deleterious effects of postpartum.

These deleterious effects are as follows. First, the mother finds herself feeling weak, and tired, and at the same time suffering from a prolonged condition of debility. The body of the mother is supposed to be a field of health, from which all the vital energy is joined to nourish the new life. The mother's strength is thought to lie in her fresh blood; any loss of 'fresh' blood in postpartum weakens the mother. Fourth, until her stomach-womb contracts, digestion is liable to confusion; and until the birth passage constricts, ghosts may possess her womb, rendering it a barren field for subsequent conception. These illnesses which befall the mother, may in turn affect the quality and quantity of her milk such that her baby becomes at risk. In brief, not only must the neonate adjust to his new life but he also participates in his mother's readjustment to hers.

Of immediate concern to the mother is that the stale blood in her womb be completely expelled. Two means are adopted: post-natal massages by the midwife (although at the rate of Rs. 2 per day, many women cannot afford them) and the consumption of heating tonics. The initial tonic, mentioned above, is halava to which black pepper and other heating substances, such as ginger, cummin and turmeric, may be added. This is consumed around 12hr after giving birth and on subsequent days as well. The
heating influence of these tonics, together with the midwife's massage, cause the stagnant blood to flow and gradually drain from the stomach-womb. If the stagnant blood is not drained from the womb, it rises in the body causing illness. The 'fresh' blood becomes contaminated, as does the mother's milk, thereby transmitting illness to the infant. Our informants did not mention any illness which is specifically transmitted in this way; and our Vaidya was hardly more precise. Retained stale blood, he said could lead to fever, tuberculosis, asthma, and a host of other illnesses, both in mother and infant. It could also cause the production of milk to cease altogether. His enumeration of illnesses seemed to serve for him a rhetorical, rather than diagnostic, purpose. He wanted to stress to us the dire consequences of retained stale blood.

In the week following birth women refer to the birth passage as a sore or absence (ghav) which has opened (in order to expel the baby and afterbirth) and which now must heal or 'close'. In the mother's preoccupation with the closure of the birth passage we sensed some unease, which we attributed to the identification of an open vagina with a state of sexual arousal. Until the 'sore is healed', a woman feels immodest and is in some measure made to feel ashamed by the older women of the courtyard who urge her to adopt various squatting postures to promote closure. Until the birth passage is closed, the parturient remains vulnerable to malevolent ghosts who may possess her womb thereby causing madness or sterility (similar notions have been reported for Bangladesh [3]). So as not to court such a risk, the mother stays in the birth room for a full 6 days while ritual prophylactics guard the door and shuttered windows deter entry by wind-born illnesses. In addition to these measures the mother abstains from eating certain foods which, if consumed, would inhibit the healing of the sore. Our informants concurred that aubergines, pumpkin and okra are to be avoided. Others mentioned variety ghee, mustard greens and urad lentils (similar prohibitions have been noted for Tamils [5]). We observed that the first three items were gourds, which we suggested might be a metaphorical extension of the womb. Our explanation, however, bewildered our informants who insisted that the physical qualities of these foods inhibit the closure of the birth passage. This food taboo is of equal importance for the baby. If the mother does not observe the taboo, the physical quality of the prohibited foods are transferred through her milk to the baby preventing thereby the umbilical stump from healing.

The heating halved helps to bring on the 'real' milk. The 'full' milk, however, does not normally come until 2 or 3 months after giving birth. By the term full milk women refer to the ability to produce milk at full capacity. This ability is linked with one's nutritional status; hence the concern expressed by women that the parturient mother regain her appetite and that she observe a balanced diet composed of readily digested foods. Foods which burden the stomach may lead to diarrhoea which is easily transmitted to the infant. Women who do not observe the taboo, or who have had diarrhoea, runs the risk of having her milk curdle in the breast. If several days lapse without feed, the mother runs the risk of having her milk curdle in the breast.

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to impressions registered by all modes of perception—or at the very least by sight, touch, and taste—and it is through the medium of such sensory impressions that qualities of objects are transferred from one person to another (numerous illustrations of this have been reported for both Hindus and Muslims in north India [1]). These qualities may be either for the good or bad, and they may be 'moral' and 'mental' as much as 'physical'. Indeed, such terms create misleading distinctions in that moral character and mental attributes may also have physical manifestations. Stigmatic illnesses, such as venereal disease and leprosy, are physical symptoms of moral character. A 'loose' woman may pick up venereal disease; in nursing her baby she transmits to the child both her 'loose' character as well as her venereal disease. As for the transfer of mental attributes, this has already been illustrated in the avoidance of buffalo's milk for the first feeding.

Our informants, however, were not unduly preoccupied by the transfer of moral and mental qualities, for these were thought to be more or less fixed attributes of a person; and mothers perform nurse their own children. Morality only became a concern when the mother herself had insufficient milk, obliging her to search for a wet-nurse. The criteria of a good wet-nurse do not appear to have changed in 2000 years [15]. Preference is given to a woman of known good character; in practice a lactating female relative is usually found or a neighbour whom one respects as a sister. 'Big caste' families—the Brahmins and clerks (kshatriyas)—avoid untouchable wet-nurses, for they believe untouchables to have inferior moral, mental and physical qualities which would debase a child of higher birth. Of course, the availability of formula milk in market towns has mitigated the former dependence by Maithils on wet-nurses.

Physical sickness transmitted by milk range from banal chills and fevers to serious illnesses, such as tuberculosis and syphilis. The explanation for their transfer was invariably couched in terms of an imbalance between hot and cold causes. Such has been written on this distinction in South Asia, so one need only mention that the state of health entails an equilibrium of hot and cold qualities, illnesses occur when the body is in disequilibrium and the treatment of illness requires the restoration of equilibrium by counter-balancing the dominant influence with its opposite. Such explanations are not couched in terms of specific causes. Maithils recognize differences between fever, diarrhoea and pox yet these three diseases are similarly 'heating'. Like his patients, the Vaidya also thought largely in terms of hot and cold qualities. Residually, however, he subscribed to the notion of the three faults. The bile, phlegm and wind, which are present in the mother's body, turn up in her milk where they can be diagnosed by the healer. For the details the Vaidya referred us to his texts, implying thereby that it was not part of his working knowledge:

Wind-vitiated milk has an astringent taste. In adding it to water, it does not mix but remains floating on the top. Bile-vitiated milk is bitter, sour, or salty; it also has a yellow hue. Phlegm-vitiated milk is thick and sticky. It sinks in water. Milk without any taint mixes with water, has a sweet taste and is stainless [when filtered through a cloth, it leaves no mark].

Further on the text spelled out the risks for child health when the mother herself is ill or otherwise affected by one or more of the three faults:

In drinking from a breast tainted with wind, the child suffers from wind-related illnesses, weak voice and emaciated limbs. He will have difficulty in evacuating faeces, urine and flatus. Drinking from a breast tainted with bile, gives rise to perspiration, thirst, jaundice and other bile-related illnesses. Drinking milk tainted with phlegm gives rise to haemorrhage, sleepiness, stupor, colds and other phlegm-related illnesses. If the milk is vitiated with two or three faults, the symptoms of two or three faults, mixed together, appear.

**DEFICIENT MILK AND THE MALNOURISHED CHILD**

Our informants thought that when a baby's stomach becomes empty, he feels hungry. Hunger gives rise to mental dissatisfaction which expresses itself in attention-seeking cries and general irritability. By reliving the baby's stomach, the mother restores contentment to the child. Thus breast-feeding is both a means of nourishing the child and of actively satisfying its desires. Whenever a baby demands milk, he is fed (see [7] for Nepalese and Bangladeshi children). The mother's ability to satisfy this demand is thought to depend upon her being able to produce an abundant, regular supply of milk, or what women called the 'full' milk. This ability was seen to develop around 2 or 3 months after giving birth and was dependent largely upon the mother's recovery from postpartum and the building up of her strength by dietary means. Some mothers reported that it took 6 months or more before the full milk came; indeed for a few women the full milk never came.

The grammatical sense of the term full milk is that the breasts are producing at full capacity. But ultimately the measure of fullness is the mother's ability to satisfy her baby. Hence the measure of a mother's capacity to lactate is bound up with her moral and emotional relationship with her child. This subjective measure could easily be distorted by maternal feelings of inadequacy in coping with the baby. If the baby was not developing into a plump, playful somewhat demanding toddler, mothers began to question what was wrong. On the one hand, it could be that the mother's milk was deficient, insufficient, or unsuitable. In such cases the mother might try to improve her milk by resorting to over-the-counter Ayurvedic or allopathic tonics for lactating mothers. She might also supplement breast-feeding with milk formula or barley water. On the other hand, the mother might see the problem to lie with the infant, whereupon she might purchase tonics to give the child an appetite and to enhance its powers of digestion. In the household of one toddler we counted more than 30 half-empty, half-tried bottles of appetite-restoring tonics and digestive enzymes, all marketed by Indian pharmaceutical companies with the infant market in mind.

For the present we shall only take up the mothers' perceptions of deficiency, and the implications of this for child health and development. Many women complained of being weak (literally, 'deficiently
Admittedly tiredness is a normal response to toil; and it must be said that many women were overworked, especially young mothers whose labour is commanded by their mother-in-law (see [10]). Many arduous domestic tasks, and especially arduous tasks performed in public, such as fetching water from the well, cutting grass for the livestock, and fetching brush for firewood were accomplished on behalf of older women by their daughters and daughters-in-law. It is not surprising that some overworked mothers felt tired. To admit to 'weakness', however, medicalizes the problem. Weakness was thought to come from constant strain, overwork, malnourishment, childbirth and the loss of blood in menstruation. It could also be a symptom of other illnesses. Clinically one suspects anaemia, but the symptom of weakness is too much part of a woman's experience of married life for it to be simply anaemia. Weakness also figured as a legitimate excuse for avoiding certain tasks; performing the same social function that the pretence of headache has in 'polite' European society. A lactating mother who is genuinely weak is unable to produce the full milk. Her milk is thought to be thin or insufficient. Unless she resorts to bottle feeding, the infant may become weak, displaying listlessness and slow growth. This interpretation was also supported by our local Vaidya. The main reason for maternal weakness is deficiency of blood. The mother is not eating enough food or of the right kinds of food.

Another reason for feeding problems lies with the malevolent work of witches. Strictly speaking, this is more than a human problem, for cows and water buffalo may also have their milk affected. In some cases witches affect the breast, causing the baby to lose interest in feeding. At first the mother may not suspect foul play, as she attempts to restore the child's interest. She may, for example, dab the paste of ground nutmeg and mustard oil on the baby's lips. The baby, disliking the bitter taste, is attracted to the breastmilk which seems sweet by contrast. If this, and other measures are to no avail, the mother may suspect foul play in which case she will wash her breasts, catch the 'dirty' water in a basin and pour it out at a crossroads. The evil influence will latch on, be held up at a crossroads. The evil influence will latch on, be held up at a crossroads. The evil influence will latch on, be held up...
This general description obtains only if the married couple observe birth spacing so that the mother does not conceive again until the previously born is fully weaned. A 2-year period between the birth of the first-born and the conception of the second is thought to be ideal. If, however, no attempt is made at birth spacing, the mother may possibly conceive around 12 months after the birth of the first child. That puts her in the position of having to nourish 1 child in her womb at the same time that she continues to nurse the toddler through his second year. It is the toddler who is believed to suffer (in Bangladesh this is also the most important cause of early weaning [9]).

The effect of foetal development on the mother's milk is two-fold. First, by the fifth or sixth month of gestation, milk becomes salty. The toddler no longer accepts the taste and begins to lose interest. Everyone we queried—our Vaidya, mothers, even cow herders—stated that the milk actually does become salty. It should be mentioned, however, that salt is said to be poisonous for the neonate and putting salt on the lips of the newly born is a legendary means by which evil persons and witches kill babies. Thus it might be that the saltiness is as much an indication of a 'poisonous' relationship between future sibling rivals (this rivalry being exacerbated if the siblings are closely spaced) as an actual chemical change in the milk. The second effect of foetal development is that the milk becomes deficient in its nutritive qualities. A mother's capacity to nourish her offspring is limited. Her milk is made from blood which is made from food; the foetus 'eats' first, as it were; and having taken much of the nourishment out of his mother's blood, the remainder becomes milk for his elder sibling. The foetus experiences normal growth; the toddler does not. His limbs become emaciated; his body listless; and he begins to suffer from the 'drying-out-illness', called sukhaniya, a term which includes malnutrition as well as the vitamin deficiency disorder of rickets (a medical survey conducted in Nepal [4] did not confirm, however, local perceptions of differential growth of closely spaced siblings).

THE MORAL IMPLICATIONS OF CHILD ILLNESS

In the course of our field research it became clear to us that the understanding of the relation between the quality of a mother's milk and the health of her child guided the protection of both mother and child during their 40 days of confinement. It also underscored the importance of maternal nutrition for the production of the 'full' milk and hence the growth of the infant. This knowledge did not have, however, much therapeutic import. For example, one wintry afternoon we arrived in a neighbour's courtyard and discovered that little Bipin, aged 2 months, had the sniffles. It was explained to us that earlier in the day his mother had taken a cold bath which had chilled her body which had chilled, in turn, her milk. Bipin drank the cool milk and a few hours later he developed a 'runny nose'. In taking her cold bath, Bipin's mother did not stop to consider that she ought to warm up before breast-feeding her baby. Her cold bath became important only after Bipin began to come down with a cold; indeed there would not have been much of a story to tell, if the runny nose had not been its ending.

But wherein lay the beginning of the tale? The starting point, and hence the cause, was as much the mother's negligence as it was the imbalance of hot and cold qualities. To appreciate this implication, the context must be set out. In Mithila the early morning air is hot in the summer and cool in the winter. Tubewell water, however, remains at roughly the same temperature between these two extremes. Thus, in relation to air, ground water feels cool in the summer and warm in the winter. By midmorning, however, the winter water becomes cold in relation to the sun-warmed air. A married woman is expected to rise in the darkness before dawn, perform her ablutions, bathe; and then to prepare food for the family. The men may be up early as well, but usually after their womenfolk. The implication of Bipin's mother taking a cold bath in winter is that she bathed at midmorning. Thus she was slothful (which is unacceptable in her husband's home) and immodest (she ran the risk of exposing herself to her husband's elder brother in front of whom she must observe purdah). Bipin's sniffles were 'caused' by his mother's late bath. If his mother had been a dutiful daughter-in-law or a modest sister-in-law, he would not have caught his cold. In fact, matters did not come to a head in this household. Bipin's grandparents lived in their ancestral village; his father was abroad; and his father's elder brother was not at home at the time. Bipin's mother simply confessed to us, in a somewhat embarrassed manner, that she was the 'cause'. This was not the case, however, in another household. There a middle-aged woman spent the better part of the afternoon pacing the courtyard, railing against her daughter-in-law in a voice loud enough for the neighbours to hear. Meanwhile on the verandah her grandson slept fitfully with a fever. The grandmother was worried about the child's fever and shouted that several nights earlier she had heard her daughter-in-law going 'here and there' in the night. Presumably the daughter-in-law and her husband, in making love, had inadvertantly awoken their child; she pacified the child by breast-feeding him, but her elder brother was not at home at the time. Bipin's mother simply confessed to us, in a somewhat embarrassed manner, that she was the 'cause'.

In fact, such stories of negligence were the exception rather than the rule, but their infrequency reinforced our impression of the important moral impli-
Mother's milk and the health of her child

cations of child illness. When we carried out a survey of childhood diseases we met with reluctance on the part of some families to report that a baby was ill. Rather than medicalize the problem, and hence to moralize it, the families preferred not to think of the problem as a real problem. 'The child is not ill,' we would be told in reply to our questioning the red spots on little Muni's chest. 'That's how things are. 'It's normal'. The incidence of infantile diarrhoea was of special interest to us. Mothers were also generally preoccupied by this. Their concern focussed on the first fortnight postpartum at which time the mother's digestive system is weak. Readily digestible meals are prescribed so that the mother might not suffer from diarrhoea and perforce transfer the illness to her child. Yet we did not record a single case history in which a neonate was said to have caught diarrhoea in this way. We did observe, though, many instances of infantile diarrhoea. In bringing these instances to the mother's attention, we were told instead that the child's condition was normal. In the first several months postpartum the baby must become habituated to his mother's milk. Until he does so, diarrhoea is 'normal'. Despite such disclaimers, we could at times see anxiety on the mother's face or signs of worry in the presence of new bottles of tonic on the kitchen shelf. The child's condition was definitely not normal, but the mother—or the members of her family—did not yet want to admit it. We sensed that there was not a sharp division between the child's medical problem and the mother's moral responsibility. Rather than discussing with us the cause of their anxiety—in which case the members of the family might assign blame—the family preferred instead to deny any abnormality in the child's condition. It seemed to take some time before the persistence or worsening of symptoms enabled the family to negotiate the cause in such a way that it might be seen as a health problem, not a moral one. Alternatively, if it was a moral problem, to cast blame on the destructive intentions or jealousies of neighbours rather than on a member of one's own family. Of course, one might expect a moral dimension to child health and development. Prior to socialization children are not moral agents. Whether in Europe or in Mithila, becoming an adult entails a gradual internalization of responsibility. Moreover, in Europe as much as in Mithila breast-feeding is symbolic of the nurture which sustains the baby and toddler until some measure of autonomy is attained in childhood. What is characteristic of Maithil society is the way in which breast-feeding condenses so many meanings—nutritional, medical and moral—into one act. The mother not only nurses her child but also forms its character, fulfills her own personhood and perpetuates her husband's family. Thus breast-feeding is in only a very narrow sense a medical issue; even though everyone in Mithila recognizes the relation between the quality of a mother's milk and the health of her child.

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