



Breastfeeding Practices and Cultural Beliefs among Gond and Korku Mothers in Bhimpur Block, Betul District: A Cross-Sectional Mixed-Methods Study

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ABSTRACT :

Background: Breastfeeding is universally acknowledged as the cornerstone of newborn nutrition and survival. However, its optimal practice is often shaped by cultural norms and community traditions, particularly in tribal settings.

Objectives: This study aimed to assess the prevalence of early initiation of breastfeeding (EIBF), prelacteal feeding, and colostrum feeding among Gond and Korku mothers in Bhimpur block of Betul district, Madhya Pradesh, and to explore cultural beliefs influencing these practices.

Methods: A community-based, cross-sectional mixed-methods study was conducted between January and June 2025 among 640 mothers of infants aged 0–6 months from 24 villages.

Quantitative data were obtained through structured interviews, and qualitative insights were drawn from in-depth interviews with mothers, traditional birth attendants, and elder women. Data were analysed using descriptive statistics, odds ratios (OR), and thematic analysis.

Results: Two-thirds of mothers (65.0%) initiated breastfeeding within one hour of birth. More than one-third (34.8%) gave prelacteal feeds—most commonly ghee, sugar water, or herbal decoctions. Colostrum feeding was reported by 73.3% of mothers, with the rest discarding it due to perceptions of heaviness or harm. Institutional deliveries significantly increased the likelihood of EIBF (OR 2.79, 95% CI 1.99–3.89). Births attended by traditional attendants showed a reduced likelihood (OR 0.38, 95% CI 0.27–0.54).

Conclusions: Breastfeeding practices among Gond and Korku mothers partially align with WHO recommendations. Addressing cultural perceptions and involving influential community members could strengthen early initiation rates and reduce harmful newborn feeding practices.

Introduction

Breastfeeding is a time-tested, natural practice that forms the foundation of infant health. The WHO and UNICEF recommend that breastfeeding be initiated within the first hour of life, continued exclusively for six months, and supplemented thereafter with safe and adequate complementary feeding. Such practices significantly reduce the risk of neonatal mortality, especially from infections and malnutrition.

Yet, in many communities across the world—and particularly among indigenous and tribal populations—breastfeeding decisions are influenced not only by medical advice but also by deeply rooted traditions, rituals, and cultural beliefs.

Bhimpur block in Betul district of Madhya Pradesh lies in a hilly, forested region, home to the Gond and Korku tribes. These communities have rich cultural traditions but face socio-economic challenges such as limited access to formal education, scattered settlements, and inadequate health infrastructure. While government health services have expanded in recent years, traditional birth attendants and elder women remain key decision-makers in maternal and newborn care.

Understanding breastfeeding in such a setting requires more than counting rates—it demands an exploration of the meanings, rituals, and constraints that shape mothers' choices. This study attempts to do both: measure breastfeeding practices quantitatively, and also listen to the voices behind these numbers.

Methods

Study Design and Setting

This was a community-based, cross-sectional study with a mixed-methods approach. Quantitative surveys allowed estimation of practice prevalence, while qualitative interviews provided cultural context.

Bhimpur block was chosen for its high concentration of tribal populations—over 80% of residents belong to Gond or Korku tribes. Villages are typically small, with 30–80 households, and connected by narrow mud or gravel roads.

Sample Selection

A total of 24 villages were selected using probability proportional to size sampling. In each village, all eligible mothers of infants aged 0–6 months were invited to participate.

Data Collection

Data collection was conducted from January to June 2025 by a team of four trained female field investigators who spoke both Hindi and the local Gond and Korku dialects. Each mother was interviewed at her home, in a private setting.

The structured questionnaire covered:

- Maternal demographics
- Details of delivery (place, attendant)
- Breastfeeding initiation time
- Colostrum and prelacteal feeding practices
- Reasons for these practices

Qualitative data were collected via 20 in-depth interviews with mothers, 5 with traditional birth attendants, and 6 with elder women. These conversations explored cultural norms, decision-making, and symbolic meanings attached to newborn feeding.

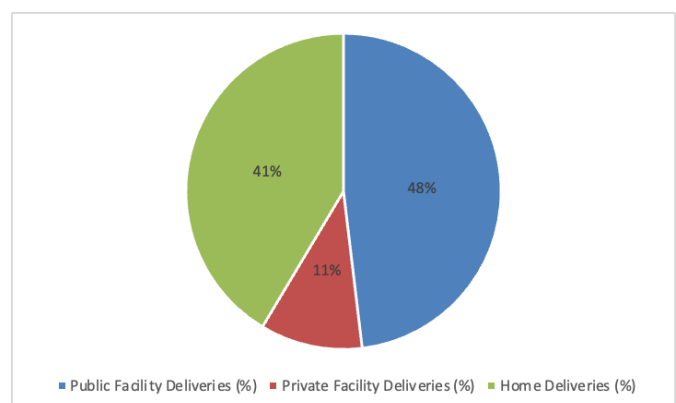
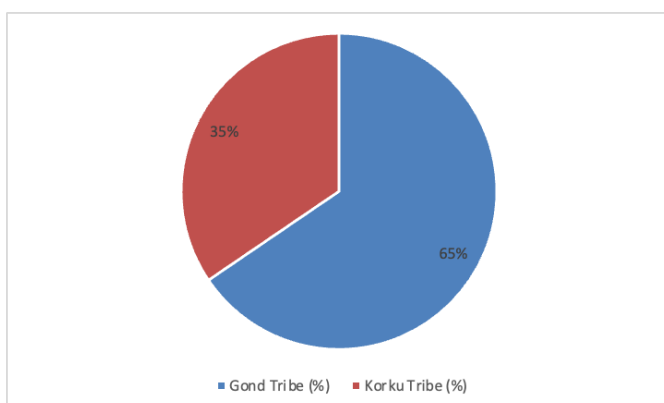
Analysis

Quantitative data were entered in SPSS v25 and analysed descriptively. Odds ratios were calculated to examine associations between maternal or delivery factors and EIBF. Qualitative data were thematically coded and analysed to identify recurring patterns.

Results

Sociodemographic Profile

Of the 640 mothers, nearly two-thirds were from the Gond tribe (65.5%), with the remainder from the Korku tribe. Almost half (45.5%) had no formal education. Deliveries took place in public facilities for 48.1% of mothers, in private facilities for 10.5%, and at home for 41.4%.



In many home deliveries, the birth was attended by a traditional birth attendant, usually an elderly woman known in the village for her experience.

Breastfeeding Initiation

Overall, 65.0% of mothers initiated breastfeeding within the first hour after birth. Mothers who delivered in a facility were almost three times more likely to do so than those who delivered at home.

During qualitative interviews, facility births were described as occasions where nurses or ANMs encouraged mothers to “give the first milk immediately,” often helping them position the baby. In contrast, home births sometimes involved rituals before breastfeeding could begin, delaying initiation.

Prelacteal Feeding

One in three mothers (34.8%) reported giving prelacteal feeds—most often ghee and honey (45%), sugar water and other milk (32%), or herbal decoctions (23%). These were administered by elder female relatives or the traditional birth attendant. The stated purpose was “cleansing” the baby’s stomach, “preparing the digestion,” or invoking blessings.

Practice	Prevalence (%)
EIBF	65.0
Prelacteal feeding	34.8
Colostrum feeding	73.3

Factor	OR (95% CI)
Institutional delivery vs home	2.79 (1.99–3.89)
Attended by traditional birth attendant	0.38 (0.27–0.54)
Mother with secondary education+	1.56 (1.09–2.23)

Colostrum Feeding

While 73.3% of mothers fed colostrum to their newborns, more than a quarter discarded it. In such cases, the first milk was sometimes expressed and thrown away, with breastfeeding starting only after “thin milk” appeared. Those discarding colostrum often believed it was “too heavy” or “harmful” for the baby’s weak stomach.

Discussion

This study demonstrates both progress and challenges in breastfeeding practices among Gond and Korku mothers in Bhimpur. The EIBF rate of 65.0% is higher than some tribal areas in India but falls short of the universal target. Institutional deliveries emerged as a strong positive determinant, echoing findings from studies in Jharkhand and Odisha, where health workers actively encouraged EIBF.

Prelacteal feeding persists as a culturally embedded practice. The belief in “purifying” the newborn before breastfeeding is a common theme in many indigenous communities. Such practices are not easily altered by health education alone—they require respectful engagement with cultural leaders.

Colostrum feeding rates, although relatively high, indicate the presence of mixed beliefs within the community. Discarding colostrum is not necessarily due to lack of knowledge but often tied to symbolic meanings inherited from elders.

Conclusion

Breastfeeding practices in Bhimpur’s Gond and Korku communities reflect a combination of positive trends and deep-rooted traditions. Public health strategies must build on existing strengths

—such as relatively high colostrum use—while addressing harmful practices through culturally sensitive approaches.

Involving elder women and traditional birth attendants as partners, rather than opponents, could be the key to shifting practices toward full adherence to WHO recommendations.

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