

A Historical Study on the Use of Indigenous Knowledge by Rural Communities in Sri Lanka to Promote Maternal Health

Dr. R. K. M. Trileeshiya Indrani, Dr. M. A. Prasad Kumara

University of Sri Jayewardenepura, Sri Lanka

DOI: <https://dx.doi.org/10.47772/IJRISS.2025.908000069>

Received: 27 July 2025; Accepted: 31 July 2025; Published: 28 August 2025

ABSTRACT

In the past, elders utilized indigenous knowledge to ensure the health and well-being of pregnant mothers, which contributed to the birth of healthy future generations for the nation. This study examines the historical application of indigenous knowledge in promoting maternal health among rural communities in Sri Lanka. The research problem addressed here is how the indigenous knowledge employed by rural communities contributed to the development of a healthy child population. The primary objective of this study was to investigate how rural communities in Sri Lanka utilize indigenous knowledge in maternal health promotion. Sub-objectives include interpreting the concepts of pregnancy and maternal health, identifying the royal patronage extended to pregnant mothers, investigating community-based care provided in rural areas for maternal well-being, and assessing the impact of these traditional methods on the birth of healthy children within society. A qualitative research methodology was adopted for this study. The focus of the research spans the period of the Sri Lankan monarchy and the era of the southern kingdoms. Indigenous knowledge was applied across various domains nutrition, medicine, clothing, mental health, and emotional well-being, to enhance maternal health. The protection of pregnant mothers became a collective social responsibility. The foundation for this care began from the time of a girl's first menstruation, and extended to culturally prescribed actions and taboos during pregnancy, as well as rituals and practices meant to protect the unborn child. This study brings to light a wealth of significant information regarding such customs. It ultimately concludes that the indigenous knowledge employed by rural Sri Lankan communities had a clear and positive impact on the nation's ability to nurture a healthy future generation.

Keywords: Pregnancy, Health, Indigenous Knowledge, Rural Community.

1. Department of History and Archeology, Faculty of Humanities and Social Sciences, University of Sri Jayewardenepura.
2. Department of Humanities, Faculty of Social Sciences and Humanities, Rajarata University of Sri Lanka

INTRODUCTION TO THE STUDY

Throughout human evolution, reproduction has always been a significant responsibility. In the context of marriage, the highest status attributed to a woman was her role as a pregnant wife. Accordingly, ancient societies incorporated the element of reproduction as part of a woman's responsibilities. In contemporary times, attention given to maternal health has declined due to the increasing demands placed on women and the lack of widespread knowledge on the subject. However, in the ancient society of Sri Lanka, various customs, rituals, and practices were observed during important life stages such as pregnancy, childbirth, and early childhood. A pregnant woman is in the phase where a fetus is developing within her body. Maternal health refers to a broad field of health care that encompasses the health status, safety, and well-being of a pregnant woman throughout the full duration of her pregnancy. In ancient Sinhala Buddhist society, she was held in high regard and carried significant responsibilities and duties. It is also just to recognize that historically, women played a role in household life that was on par with that of men. This study presents a historical analysis of the use of indigenous knowledge in the promotion of maternal health.

RESEARCH METHODOLOGY

This study employed a qualitative research methodology. For data collection, primary literary sources and archaeological evidence, such as inscriptions, were examined, along with field studies. For data analysis, historical comparative methods and thematic analysis techniques were used to derive conclusions.

RESULTS AND DISCUSSION

Physical Activities of the Pregnant Woman

From the moment a woman became pregnant, the elders of ancient Sri Lankan society paid careful attention to ensuring the safety of both the mother and the unborn child, imposing various restrictions to facilitate safe childbirth. This concern is evident in ancient texts. For instance, the *Pūjāvaliya* recounts how, after Queen Mahāmāyā conceived Prince Siddhartha, she avoided consuming extremely hot or cold foods, as well as bitter or pungent items. It is said she "lay always on her right side, never ate rice throughout the ten months, never lay on her back or left side, nor turned her face downward, nor walked unnecessarily, and maintained great cleanliness of the womb throughout the pregnancy" (*Pūjāvaliya*, 1999, p.131). These practices reflect the society's deep concern for maternal health.

In ancient Sri Lankan society, a woman who had conceived was expected to avoid any behavior that could risk miscarriage. Family members, especially her husband and parents, took responsibility for shielding her from distressing news, ensuring she didn't exert herself excessively. The belief prevailed that the desires of the fetus were influenced by the mother's emotional state. As such, pregnant women were often kept happy, and their wishes were fulfilled to maintain emotional balance. The introduction of Buddhism to Sri Lanka played a pivotal role in shaping the foundation of its cultural and civilizational development. It also contributed significantly to the elevation of women's status, granting them a dignified position in society and considerable social freedom (Indrani 2025: 58).

With the intent of protecting the child within her womb, pregnant women were discouraged from traveling by carriage. In the *Mahājanaka Jātaka*, a queen refuses to ride in a chariot, declaring, "I bear a noble child in my womb; therefore, I should not ride in a chariot" (*Pansiya Panas Jātaka*, 2015, p.1401). From the fifth month of pregnancy, the psychological development of the fetus was thought to begin, and thus, elders paid special attention from that stage onward.

The *Dampiya Atuva Getapadaya* outlines three specific rituals to be performed by the parents while the child is still in the womb (Dampiya Atuva Getapadaya, 1996, pp.147–148). Likewise, in the *Indaka Sutta*, the Buddha explains: "Whatever food, drink, or other nourishment the mother partakes of, the being in her womb thrives on that nourishment." (*Samyutta Nikāya*, 1986, pp. 366–367), highlighting how the fetus grows through the mother's nutrition.

Ensuring the health of pregnant women depended not only on their diet and drink but also on their daily activities. Because a pregnant woman carries a developing child, she is more susceptible to fatigue and needs ample rest. From ancient times, women who conceived were exempted from strenuous tasks such as sweeping, scrubbing, grinding, or pounding, allowing them to conserve energy (*Saddharmālaṅkāraya*, 1996, p.134).

For example, during King Valagamba's flight in the face of foreign invasions, Queen Anulā, who was pregnant, and a young child were sent away in a chariot, while Queen Sōmā stepped down to make room for them. It is recorded: "As she was pregnant, she had to be protected" (*Vamsatthappakāsinī*, 2001, p.492). This indicates that Queen Sōmā saw it as her duty to ensure Anulā's safety and was willing to sacrifice her comfort for it.

Similarly, the *Saddharmaratnākara* recounts the story of a pregnant woman from an ordinary farming family who carried out her daily chores alone. As a result, she experienced extreme fatigue, which ultimately caused her to fall unconscious and bleed: "She suffered unknowingly from exhaustion and collapsed" (*Saddharmaratnākara*, 2001, p.387). These examples clearly show that ancient communities attempted to

relieve pregnant women from daily household duties. As such, pregnant women could perform essential physical activities in moderation, which supported healthy fetal development while avoiding unnecessary fatigue.

Clothing During Pregnancy

Since pregnant women tend to sweat more, they wear light garments that easily absorb sweat. Additionally, they wore comfortable clothes that fit well around the waist to support the abdomen. They avoided fabrics that caused irritation and preferred soft, calm-colored, and simple clothing. Accordingly, during pregnancy, loose clothing was used to protect the body and provide comfort to the pregnant woman. Thus, in the rural environments of ancient times, the nature of pregnant women's clothing was based on the fundamental concepts of simplicity, environmental suitability, and protection. The clothing of pregnant mothers was a means to simultaneously celebrate their comfort, safety, and style.

Although it was not wrong for a pregnant woman to engage in daily tasks assigned to her, she was not supposed to lift heavy weights. Pregnant women should not spend long periods resting without any exercise. Walking in the afternoon was recommended as beneficial, according to the treatise on women's medicine (*Abhayaratna*, 1986:59). Pregnant women were advised to avoid loud noises, excessive laughter, rapid winds, very hot or very cold foods and drinks. It was considered appropriate for pregnant women to release joy and emotions freely.

In village communities by rivers, pregnant women living alone were not allowed to go to the fields or riverbanks unaccompanied, since neighbors could observe them from other riversides. Thoughtful pregnant women did not attempt to break social taboos, knowing that doing so would bring undesirable consequences.

Procession of the Womb (Gab Perahera)

Another ritual related to pregnant women was the *Gab Perahera*, or procession of the womb. Certain rituals and ceremonies conducted between pregnancy and childbirth belonged to this tradition. During this period, pregnant women had to avoid excessive sour and spicy foods, as well as very cold or very hot foods and drinks. Ancient people believed that the *Gab Perahera* ensured the protection of the fetus (*Saddharmaratnavaliya*, 2011:197). Stories in the *Saddharmaratnavaliya* reveal that the procession helped protect the unborn child. Information about these rituals has been found in rural settings as well.

The *Dhammapada* commentary's *Vachakkupala* story explains that the *Gab Perahera* was a practice to protect the fetus residing in the mother's womb and was to be performed after four months of pregnancy (*Peiris*, 2001:2). Ancient Sri Lankans performed various rituals to safeguard the fetus. Many of these practices focused on preventing miscarriage. One significant ritual related to pregnant women was the *Gab Perahera*. Buddhist teachings emphasize that the husband's duty includes providing proper nourishment, mental comfort, courage, love, and kindness continuously to his wife for a healthy childbirth. The stories in *Saddharmaratnavaliya* affirm that the *Gab Perahera* protected the fetus well (2011: 97).

According to the commentary on *Vanavāsika Tissa Thera*, the procession included avoiding overly sour, salty, very pungent, and very cold foods, among other restrictions (*Saddharmaratnavaliya*, 2011:345).

Pregnancy Period and Dietary Patterns

Many guidelines for protecting pregnancy are mentioned in the *Vaidhyaka Sārārtha Saṁgraha* under prenatal care. Since causes like injury, consumption of improper or forbidden foods and drinks, fear, or improper behavior could cause miscarriage, careful attention was advised. In such cases, a decoction made of crushed cardamom seeds, *mirika* bark, and sesame oil was recommended to help stabilize the pregnancy (*Vaidhyaka Sārārtha Saṁgraha*, 1987:195).

Moreover, a drink prepared from *nidikumba*, jasmine flowers, honey, and *mānel* yam mixed with *ambara* vegetables was believed to prevent miscarriage. The text describes many types of medicines for pregnancy care. Pregnant women had to be cautious to avoid fevers. In cases of fever, herbal decoctions made from

irimuṣu (*Curcuma longa*), *iriveriya* (*Zingiber officinale*), *wammutu* (*Terminalia chebula*), and ginger were prescribed, as King Buddhadasa noted the antipyretic effect of these decoctions.

Medicines such as *babilla* and *beli* were also recognized for their fever-reducing properties and general suitability during pregnancy. From the first to the tenth month of pregnancy, ancient Sri Lankan society and rulers paid careful attention to appropriate foods, drinks, and behavioral practices. Parents are especially focused on strengthening the fetus's back.

Decoctions made from *wammutu* bark, *rasasinda* (a fragrant herb), *totila*, *kokamburu*, *wela kahabiriya*, *papiliya*, *sandum*, *ivada*, and *babilla* were given to strengthen the fetus. These herbal remedies also served as excellent medicines against pregnancy-related ailments. The *Sārārtha Saṁgraha* also prohibited giving any foods containing *karavila* (bitter gourd) to pregnant women, as it could cause miscarriage.

Social Restrictions and Food Distribution during Pregnancy

In the village context, it was socially prohibited for a pregnant woman to eat while being observed through a window or an opening. Similarly, when a pregnant woman from the village went to the house of a relative or acquaintance, it was forbidden for her to listen to the sounds of the household chores or closely observe how the household activities were conducted. All these prohibitions were imposed for the protection and safety of the pregnant woman.

When a pregnant woman stayed in the village, it was a social custom to bring fresh vegetables, fruits, or greens to her. Among these offerings, a portion of the vegetables or fruits picked from a tree by the riverside was specifically set aside as a special, auspicious share for the pregnant women. During the fishing season in the ponds, a portion of the catch was reserved for pregnant women as well. Even if the pregnant woman was at the lowest point in her pregnancy, after the portion reserved for her was given, the remaining fish were distributed to the other villagers.

When cooking common village meals, such as milk rice or preparing the mash of tubers, or even during rituals, a portion was always allocated to the pregnant woman. Others would eat only after she had received her share. Types of food that were not frequently consumed, such as dried lime, grated coconut, ripe jackfruit pieces, and dried rice, were also prepared and brought in boxes or containers for pregnant women by villagers near the ponds.

Among these offerings were also delicacies such as young jackfruit and fresh fish. Even special treats like *hathmalu* (a kind of yam), honeycomb pieces, cashew nuts, and dried fish were willingly prepared and given. This clearly shows how the rural community acted to protect and care for pregnant women (Dalupotha, 2003: 29-30).

Promotion of Mental Health for Pregnant Mothers

Ancient scholars recognized that the mental state of a pregnant woman directly affects her womb and the developing child. Therefore, others made efforts to ensure the pregnant woman's mind was satisfied, free from fear, and joyful, especially about childbirth. According to various texts describing the *Patācārā Vahandē* in the *Saddharmaratnāvali* and the birth stories of eminent monks, it was customary for a pregnant woman, as her delivery time approached, to go near her parents' home. No matter how close she was to her husband's house or friends, being near trusted and knowledgeable women who could support her through childbirth provided her with a kind of mental strength.

From the day the child took residence in the womb, it was the duty of the husband and relatives to carefully escort the pregnant mother to her parents' home, where she was accorded special honor and care by family and society. This is reflected in the Buddha's biography, where Queen Māhāmāyā is said to have gone to her parents' home before giving birth to Siddhartha Gautama. The preference for going to her mother's home for childbirth was thus an established social custom. Even when a pregnant daughter secretly fled her parents' home due to disapproval and gave birth elsewhere, her parents lovingly cared for her, saying, "It pains us too,

for children are born in undesirable places" (Saddharmaratnāvali, 2011, p.443). Hence, the tradition of returning to the mother's home for delivery was rooted in ensuring mental peace and comfort. Mothers also cared for their pregnant daughters with great affection. This custom is also used in Sri Lanka today.

Thus, providing mental and physical health care for the pregnant mother was regarded as a social responsibility. During pregnancy, not only the pregnant woman but all family members endeavored to provide everything necessary to ensure the birth of a healthy child. It is noted that pregnant women develop strong cravings or aversions to certain foods or behaviors during pregnancy, a condition villagers call *dola duka* (literally "heart pain" or "dual heart pain"). This *dola duka* was understood as a natural mechanism by which a healthy mother prepares the foundation for the birth of a healthy child.

The term *dola duka* is commonly interpreted by combining "do" (dual or twofold) and "la" (heart), meaning a woman with two hearts, her own and that of the child she carries. The intense likes and dislikes for certain foods in early pregnancy are considered a mental disturbance related to this dual heart condition. Western medical researchers explain this condition as hormonal changes during pregnancy causing sensitivity and cravings, sometimes reflecting nutritional deficiencies, cultural influences, and psychological factors (Weigei and Others, 2011: 197-214).

Although the exact etymology and meaning of *dola duka* are complex and lack consensus, it is clear that pregnant mothers have cravings and needs for certain foods essential for the balanced nourishment of the unborn child. According to *Saddharmalankara*, the goddess Padmavati spent large sums of money performing meritorious deeds during her pregnancy, and when she experienced *dola duka*, the king permitted her to satisfy these cravings (Saddharmalankara, 1996, p.192).

Historical evidence also suggests that, beyond food cravings, pregnant mothers experienced unusual thoughts and feelings, likely corresponding to the developing child's mental states. For example, Queen Viharamahadevi, mother of King Dutugemunu, is said to have had a strong craving to offer a large honey cake to the Sangha (Buddhist monastic community) and to drink water that had been washed with the broken head of the chief demon Elara, reflecting auspicious signs related to her womb (Vamsatthappakasiniya, 2001, p.92). This event is also noted in the *Mahavamsa* (1996, p.272).

Furthermore, it was believed that if a pregnant mother experienced *dola duka*, the child born would be a pious and virtuous person. This belief was part of societal views. Thus, for a Buddhist noblewoman such as Viharamahadevi, these cravings and mental states were given more social and spiritual significance rather than just a medical interpretation. It is important to highlight that the relief of *dola duka* in pregnant mothers was a matter of serious social concern. Though not mentioned in the *Mahavamsa*, the *Vamsatthappakasiniya* describes how Viharamahadevi experienced *dola duka* when sitting near a flowering jasmine tree while waiting for Prince Tissa, enjoying the fragrant flowers (Vamsatthappakasiniya, 2001, pp.342–346).

CONCLUSION

The various cravings and aversions experienced by pregnant women were carefully attended to by society because the pregnant woman was recognized as the creator of the future. Accordingly, in ancient societies, the health and protection of the pregnant woman was considered not only her responsibility but also a collective responsibility of the entire community. It is evident that in these traditional societies, women gave birth to at least seven or eight children, and some mothers even had around twelve children, all raised as healthy offspring. Because the pregnant woman's health was safeguarded by indigenous knowledge, she was able to contribute a large number of healthy children to the nation, which in turn directly supported Sri Lanka's national development.

REFERENCES

1. Abhayaratna, D. H. S. (1986) *Stree Chikithsawaliya*, Colombo: Ratna Publishers.
2. Damapiya, Atuwa. Gatapadaya. (1999) (ed.)- D. E. Hettiarachchi, Colombo: Sri Lanka Ancient Language Tools Committee.

3. Indrani, R. K. M. T. (2025). Woman in Traditional Society, Vidharani Academic Journal, Department of History & Archaeology, University of Sri Jayewardenepura.
4. Kumar, Mahinda. Dalupotha. (2003) Upathe Vagathuga, Colombo: S. Godage and Brothers.
5. Mahavamsa (1996) Sumangala Himi and Dewarakshitha, Batuwantudawe- (ed.), Colombo: National Museum Department.
6. Pansiya Panas Jathaka Poth Wahanse (2015) (ed.)-Wijithananda Sarathvandra, Colombo: Buddhist Cultural Center.
7. Peris, N. S. (2001) Riddiyagaya Shanthi Karmayen Sannivedanaya Mana Chikithsawa Ha Gaharaksanaya, Department of Sinhala, Faculty of Humanities and Social Sciences, Matara, Ruhunu University.
8. Poojawaliya, (1999) (ed.) -Weragoda Amaramoli Himi, Colombo: S. Godage and Brothers.
9. Saddharma Ratnakaraya, (2001) (ed.) - V. D. A. Gunawardhana, Colombo: Samayawardhana Bookshop.
10. Saddharmalankara, (1996) (ed.) -Ariyapala, Colombo: Sri Lanka Ancient Language Tools Society.
11. Samyukthanikaya, Part 1, (1986) (ed.)- Buddha Jayanti Tripitaka Series 13, Samyuktha Nikaya Editorial Board, Colombo: Government of Sri Lanka.
12. Vaidyaka, Sarartha. Sangrahaya. (1987) (ed.)- Ariyadasa Kumara Singha, Colombo: Nacional Museum Department.
13. Vansatthappakasiniya, (2001) (ed.)- Akuratiye Amaravansa Himi and Hemachandra Dissanayake, Colombo: S. Godage and Brothers.
14. Weigei, M. M. Coe, K. Castro, N. P., Caiza, M.E, Telli, N, & Reyea, M. (2011) "Food aversions and cravings during early pregnancy: association with nausea and vomiting", Ecology of Food and Nutrition.
15. Yogaratnakaraya (1996) (ed.)- D. G. S. Randunu, Colombo: S. Godage and Brothers.