

TRADITIONAL CHILDBIRTH PRACTICES AND BELIEF SYSTEM AMONG THE SUMI NAGAS OF NAGALAND: A SOCIOLOGICAL EXPLORATION

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INTRODUCTION:

Maternal health is a vital indicator of woman's overall well-being and her role within society, reflecting not only the biological demands of pregnancy and childbirth but also the socio-cultural dynamics that shape these experiences. In many developing countries, pregnant women confront significant challenges, due to inadequate healthcare services and limited support systems, compounded by, socio-economic disparities, traditional practices, and deeply rooted cultural beliefs. While pregnancy is not an illness, the journey from conception to delivery can be perilous in contexts where fragile healthcare infrastructure leaves women vulnerable to complications and adverse outcomes (Akram, 2014).

Childbirth, is more than a biological event-it is a profound cultural experience, deeply intertwined with societal beliefs and practices. Across the world, rituals associated with childbirth mark important transitions for both mother and child, reflecting the values, themes, and spiritual dimensions of a culture (Cosminsky, 1982). Kaphle, Hancock and Newman (2013) describe pregnancy and labor as social constructs, shaped by the cultural and spiritual frameworks within which women live. These beliefs, passed down through generations, shape women's perceptions and decisions during pregnancy, childbirth and the postpartum period (Hailey et al., 2018). Traditional maternal health practices, though culturally specific, often go unquestioned, influencing behaviors, diet, and access to healthcare (Claudia et al., 2017). For instance, in rural KwaZulu-Natal, certain food taboos are observed to protect the mother and unborn child (Ramulondi, 2021). Such practices vary globally; for example, while papaya, is encouraged during pregnancy in Indonesia, it is discouraged in India, illustrating the cultural specificity of maternal health practices. Similarly, religion and spirituality further shape maternal health across cultures. In Ghana, women intensify prayers during pregnancy, relying on religious artifacts like anointing oil and blessed water for protection and safe delivery (Aziato, 2016). While in Korea, prayers are invoked to ensure the birth of a male child (Min & Yoo, 2003). Tibetan women seek blessings from Buddhist teachers and traditional healers (amchi) during

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pregnancy and childbirth (Sangay, 1984). These practices reflect the profound spiritual connections many cultures maintain, where spiritual and physical well-being are deeply intertwined. Postpartum care is equally influenced by cultural beliefs. In China, the yin-yang (hot and cold) theory dictates postpartum dietary and behavioral practices to promote recovery (Wang, 2019). In Uttarakhand, specific rituals surrounding diet and cleanliness during the postpartum period highlight how cultural norms govern maternal health practices (Saxena, Jelly & Sharma, 2020). Taboos on food such as milk, egg, fish, meat, pulses, green vegetables and fruits, which are mostly perceived as hot and sour foods are also observed among the mothers of rural Sikkim (Mukhopadhyay & Sarkar, 2009). Tangsa and Sonowal Kachari tribes prohibit food from death rituals deceased families, and budding items like mushrooms due to cultural taboos (Sarmah & Saikia, 2023). While these traditions provide comfort and continuity, they can also act as barriers to accessing modern healthcare, especially when harmful practices persist.

As Callister and Khalaf (2010) observe, childbirth is not only a biological event but also a psychological and spiritual milestone that reflects the values and customs of a society. While these customs offer a sense of security, they can also limit women's access to essential healthcare. Understanding these cultural contexts is crucial to addressing the broader challenges women face in maternal health.

CULTURAL PRACTICES AND BELIEFS OF THE SUMINAGAS

The Sumi Nagas, an indigenous tribe predominantly residing in Nagaland, in the northeastern region of India, are known for their rich cultural heritage and traditions. Primarily concentrated in Zunheboto district, located at 94.52 East Longitude and 25.97 North Latitude, the district spans 1595.88 sq. km, and is bordered by Mokokchung to the north, Tuensang to the east, Phek, and Kohima to the south and Wokha to the west. The Sumi language, part of Tibeto-Burmese group, is central to their cultural identity. Historically, their healthcare practices were guided by a belief in spirits and deities, attributing illnesses, to spiritual forces. Rituals and sacrifices were often performed to appease deities, reflecting a deeply personalistic approach to health (Hutton, 1921; Aye, 1996).

Aye (1986) points out that the Sumi still attribute illness to spiritual forces, often seeking cures through sacrifices to their People's God, Timi Lhou. Although animistic practices have gradually diminished with Christian teachings, Zhimo (2011) notes that folk healers, prayer warriors, and spiritual guides continue to hold significant roles in the community. This blending of traditional animistic beliefs with Christian influences underscores the enduring spiritual framework that shapes the Sumi worldview, especially concerning health and healing.

MATERIAL AND METHODS

This study employed a qualitative case study approach to explore the traditional practices surrounding pregnancy among the Sumi Naga Community in six villages of Zunheboto district: Satakha, Saptiqa, Shena New, Shena Old, Usutomi and Zhevishe. A purposive sample of 50 participants was selected, including 23 mothers, 5 traditional midwives, 6 healthcare workers, 9 elders, and 7 community leaders, aged between 18 and 85. Data was collected through participatory observations and semi-structured interviews. These approaches enabled the researcher to engage deeply with the participants and document firsthand accounts of traditional practices. Key case studies were developed to illustrate critical aspects of maternal healthcare, emphasizing the lived experiences and cultural beliefs of the community. Participant confidentiality was ensured by using pseudonyms.

The objective of this study is to understand how cultural and spiritual beliefs influence maternal health practices among the Sumi Nagas and to assess the risks and benefits of these practices. It aims to explore the complex interplay of tradition and modernity, contributing to a more culturally sensitive approach to maternal healthcare in rural communities.

CASE 1: THE ROLE OF TRADITIONAL BIRTH ATTENDANTS

Shevili, a 56-year-old traditional birth attendant, has over two decades of experience assisting childbirth in her community. Her techniques include abdominal massages using regular oil to correct the fetus's position in the womb. She strongly believes in the efficacy of warm chicken soup and abdominal massages, along with the practice of placing warm objects or clothes on the abdomen to facilitate labor. Notably, Shevili conducts delivery without any medical equipment, emphasizing a hands-on, intuitive approach. She recognizes that first deliveries can be particularly challenging, often lasting two to three days, and notes that a local health practitioner is responsible for cutting the baby's umbilical cord.

In another case, Satoli, 54-year-old draws the intergenerational knowledge gained by assisting her mother during childbirths. Her approach incorporates practical tools like sharp bamboo for cutting the umbilical cord and using ashes from burned straw as an antiseptic for wound care, reflecting a deep reliance on traditional methods to ensure safety and recovery.

CASE 2: MYTHS AND BELIEFS INFLUENCING DIETARY RESTRICTIONS

A range of traditional beliefs and practices deeply influence the dietary habits of pregnant women among the Sumi Nagas, as narrated by elders and community members across villages. Bees, hornets, river fishes, chickens, and birds are believed to offer several

health benefits and are commonly given to pregnant women. Tsutopughawu (bird family of *Erithecus Rubecula*), are revered for their wisdom and intelligence, as well as their ability to produce an array of different beautiful sounds, are fed to the expectant mother to ensure the child will be bright, intelligent, and quick to learn languages. Red ants, typically consumed by the Nagas as an exotic food, are avoided during pregnancy, as it is believed they could cause infections in the baby, such as red rashes or swollen skin. Ashiphi (Pangolin) are believed to cause body rashes. Aqhiwo (Sloths), avoided due to the belief that consuming it would cause the child to inherit the sloth's introverted and sluggish nature. Achequ (Porcupine) meat is associated with stunted growth of a child. Kitechu (Decrepit or food meant only for elders), such as Qhechou, Abagha (Pinyonjay rook), and Aqhaqho (Owl), is avoided to prevent children from inheriting imprudent traits. As a result, such foods are consumed only by the elders. Carcasses, Jichukili (rats and squirrel family) and Shukutungu (apes, monkeys), are avoided for their believed adverse effects on the mother and child. Consumption of animal brains are avoided, as they are believed to cause premature gray hair. Awo Shomi No Xe (Infect of Pigtailed) warns against consuming pigtailed during pregnancy, lest the child develop restless traits. Chicken feet are similarly avoided for fear of causing prolonged or complicated labor. Consumption of betel nut is discouraged to prevent potential birthmarks on the baby, while Angothi (*Zanthoxylum Piperitum*) and its leaf are restricted in the first two trimesters to prevent fetal instability. At the time of delivery, mothers are served chicken and dog soup to help strengthen their bodies and mind. Akini (*Perilla*) regarded as a superfood, is vital for postnatal recovery, particularly in healing childbirth wounds, and is an essential part of the mother's diet after delivery. Expectant mothers are also encouraged to consume sugarcane to help prevent jaundice in newborns. Raw papaya, and pineapple are avoided due to beliefs they may cause fetal loss. Additionally, consuming co-joined bananas or any twin fruits is discouraged, based on the belief that it may result in the birth of twins.

CASE 3: PREGNANCY RITUALS AND PROHIBITIONS

Elders from different villages have shared valuable insights into the traditional rituals and taboos upheld within their communities for generations. Their collective knowledge sheds light on the cultural practices surrounding pregnancy and childbirth that have passed down through the years. Killing snakes and monkeys is considered taboo, with the belief that a pregnant woman who kills a snake may cause her child to be born with a tremulous tongue, while killing an earthworm is thought to result in the child being born blind. A feet-first delivery is seen as an omen of a challenging future for the child. After birth, six yarns are used to tie the umbilical cord, with wild mint (*Ayilo*) applied to prevent infection.

One of the most significant customs concerns the death of a mother during childbirth,

an event that is termed Nhapithi (meaning "died at the time of delivery"). In such cases, the deceased's personal belongings-including jewelry, ornaments, beads and clothing are discarded and buried, as retaining them is believed to transmit a curse through generations. In such case, the husband observes Genna(forbidden)for eleven days or up to a year without having relationship with any woman. If the child dies at the same time as its mother, they brand it as Aniboloyeh (during delivery time) and gave the name to baby before burying it. Pregnant women are cautioned against sitting near Ajifu and Jichukili(rodent nests) to prevent wheezing traits in their children. Similarly, sitting above Apikhi (Pounding table) is discouraged, as it is believed to delay a child's ability to walk. Respondents highlighted the crucial role of Sumi men in supporting expectant mothers. Pregnancy cravings are perceived as expressions of the baby's needs, motivating husbands to fulfill them. Ignoring these cravings is thought to result in excessive drooling in the newborn. After childbirth, a hen or rooster, chosen to align with the baby's gender, is exclusively prepared for the mother, symbolizing the sacred essence of Akipixi Shi (a ceremonial fowl for the travailed mother) Additionally, hunting is prohibited during pregnancy, as it is believed to negatively impact both mother and child.

CASE 4: SPIRITUAL RESILIENCE: THE ROLE OF PRAYER

Prayer is deeply woven into the maternal journey of Sumi Naga women, serving as a profound source of strength, hope and connection to the divine. Kusheli, aged 39, shares her unique ritual of awakening at midnight, around 1am, to pray for the health of her unborn child and the protection of her family. She believes that this hour holds a sacred significance, where the veil between the physical and spiritual realm is especially thin, allowing for a deeper connection with the divine. This tranquil time not only fosters spiritual reflection but also enhances her emotional bond with her pregnancy, offering her peace and focus during a transformative period in her life.

Similarly, Visheni, 35, faced significant challenges in conceiving child despite five years of marriage. In response to her struggles, she and her husband turned to continuous prayer, enlisting the support of prayer warriors and pastors for five to seven months. Their faith and commitment culminated in a profound sense of divine intervention, leading to Visheni's eventual conception of a baby boy. She attributes this miracle to God's grace, expressing gratitude for the church's role in their journey. Her narrative reflects a deep-seated belief that, without such spiritual support, the barriers to conception might have remained insurmountable, particularly given their financial constraints that made modern medical treatments inaccessible.

Lotoli, aged 33, offers another poignant account of resilience after enduring three

consecutive miscarriages. In her quest for healing, she sought the guidance of a local prayer warrior who integrated prayer with therapeutic massages. This holistic approach proved effective, as Lotoli successfully conceived without complications within a year of seeking their support. Her story underscores the belief in prayer as a source of healing, not just for spiritual solace but also for overcoming the physical challenges associated with infertility and miscarriage.

CASE 5: THE INTERSECTION OF PREGNANCY AND LABOR IN SUMI AGRARIAN LIFE

This case study highlights the challenges of pregnant women who engage in strenuous activities to meet their basic needs amid their rural lifestyle. Lhosheli, 35-year-old mother of five, exemplifies the resilience of Sumi Women, sharing her experience of returning to household and agricultural tasks just two days after giving birth to her third child. Her narrative illustrates the active role women play, balancing the demands of motherhood with the rigorous responsibilities of agricultural life.

Livili, 39, echoes this sentiment, noting that few women in their villages permit themselves extended rest after childbirth. The necessity to resume chores is vital for sustaining the family's economic stability and fulfilling essential needs. Khutoli, 23, recounts the tragic loss of her maternal aunt in 2016, caused by complications from overexertion during and after pregnancy. This tragic event inspired Khutoli to advocate for a mandatory ten-day rest period for all her family following childbirth, highlighting the critical importance of rest and proper care for maternal recovery within the community.

DISCUSSION:

The maternal healthcare practices among Sumi women in Saptiqa present a complex interplay between traditional and modern approaches. Traditional practices, many of which are still followed, include reliance on traditional birth attendants (TBAs). Traditional birth attendants remain central to childbirth, offering culturally sensitive care but lacking formal medical training, which raises safety concerns. Their reliance on methods such as abdominal massage—despite evidence highlighting risks like infections, preterm labor, and complications—underscores the absence of scientific validation in these practices (Prasetyawati, 2012). Tragically, in a recent case, a 29-year-old newly married woman passed away during childbirth under the care of a TBA, a poignant reminder of the urgent need to address these gaps. This case underscores the life-threatening risks of adhering solely to traditional methods in the absence of proper medical intervention.

Despite the government's efforts to promote institutional deliveries through schemes such as Janani Suraksha Yojana (JSY), the uptake of institutional deliveries in rural areas remains low. Cultural preferences, coupled with limited access to healthcare facilities,

continue to hinder the adoption of safer, medically supervised childbirth. Although about 70% of women in Nagaland report receiving some form of antenatal care (ANC), the reliance on traditional practices in the absence of skilled medical care increases the likelihood of complications, including stillbirths and neonatal deaths.

Food taboos, though more flexible today, continue to hold cultural significance, with many women avoiding certain foods to prevent rashes, allergic reactions, and perceived risks to the baby's health. Among Sumi women, raw or cold foods are avoided to prevent complications, similar to Hajong mothers in Assam, who avoid vegetables like gourd and cucumber (Ahmed, 2011). Across India, protein- and iron-rich foods are avoided out of fear of delivering large babies with complications (Choudhury & Ahmed, 2011). Globally, Ethiopian Christians avoid animal-based foods during fasting, while Zimbabwean women avoid pork and eggs (Wang, 2019). Tibetan women prefer cold foods, contrasting with Sumi and other South Asians, who favor warm foods. Although government interventions aim to educate women on proper nutrition, cultural beliefs continue to shape food choices. The challenge, therefore, lies in sensitizing the community about the importance of nutrition while being mindful of cultural sensitivities.

Spirituality continues to be a cornerstone of maternal health. Prayer holds significant importance among Sumi, serving as a source of divine protection and emotional support during pregnancy and childbirth. This reliance reflects broader findings that religious practices can provide psychological comfort but may inadvertently delay the recognition of critical medical conditions (Sich, 1981). For instance, women may postpone seeking medical care for complications, assuming spiritual protection will suffice. Such delays can exacerbate maternal and neonatal health risks, potentially leading to stillbirths or neonatal deaths. Depending solely on spiritual practices without integrating timely medical intervention increases the likelihood of adverse outcomes, particularly in managing childbirth complications.

The taboo surrounding maternal mortality continues to persist strongly in the community, as seen in the case of the aforementioned woman, labeled as "Nhapithi" after her death. This label subjects her family to severe social stigma, including restricted funeral rites and mandatory disposal of her belongings, highlighting the profound cultural burden on maternal outcomes. These practices, while deeply entrenched, perpetuate harmful stigmas and further marginalize affected families, contrasting sharply with modern understandings that attribute maternal mortality to medical causes such as hemorrhage, eclampsia, and infections.

Sich (1981) and Cheung (1997) emphasize the importance of postpartum care in

safeguarding maternal health, underscoring the necessity for a supportive environment that promotes recuperation and recovery during this critical period.

The juxtaposition of traditional and modern maternal health practices highlights a complex reality for Sumi women. With advancement in education and healthcare infrastructure in Northeast India, it is essential to examine whether traditional cultural practices still significantly contribute to adverse maternal and neonatal outcomes. Government of Nagaland (2024) and NFHS-5 report indicate that systemic factors increasingly shape maternal health outcomes rather than cultural practices alone. For instance, institutional deliveries in Nagaland have risen, and 68% of pregnant women now receive iron and folic acid supplements, demonstrating progress in adopting modern healthcare. However, despite these improvements, 46% of births still occur at home, highlighting persistent gaps.

Maternal and neonatal deaths are often linked to delays in seeking healthcare, primarily due to systemic challenges such as inadequate infrastructure and logistical barriers, rather than cultural practices. While modern healthcare, with its focus on institutional deliveries, sterile environments, and evidence-based prenatal care, offers substantial benefits, its accessibility is limited in remote areas due to poor infrastructure, logistical hurdles and cultural resistance. Although traditional practices provide vital emotional and cultural support, they lack the safety and effectiveness of modern medical interventions.

Addressing these challenges requires a culturally sensitive yet scientifically grounded approach. Empowering TBAs with basic medical training, improving rural healthcare infrastructure, and fostering community awareness about the benefits of modern healthcare are crucial steps. Such interventions would bridge the gap between cultural preservation and medical safety ensuring that maternal health is not compromised by adherence to practices that, while culturally significant, pose significant risks.

CONCLUSION:

This study reveals the intricate tapestry of cultural practices and beliefs surrounding pregnancy and childbirth, emphasizing the pivotal role of traditional midwives, dietary restrictions, and spiritual rituals. While these customs hold deep cultural significance, they often stand at odds with modern healthcare practices, potentially endangering maternal and infant health. Bridging the gap between tradition and medical knowledge is crucial for creating safer childbirth experiences, preserving cultural identity while ensuring the well-being of both mother and child. A collaborative approach can honor these traditions while embracing the benefits of modern healthcare advancements.

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