“Lifting the womb”—Healer Midwives in Naga Society

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1. Introduction

The experience of my pregnancy begins with the loss of life. As a woman who was categorized as “elderly gravida” (Dixit & Mehendale, 2017), also known as geriatric pregnancy, defined as the age of the mother who is 35 years or older, my first pregnancy was a miscarriage. During this period, I was away from my hometown of Dimapur, Nagaland, and one of the first pieces of advice my mother gave me was to return home to begin the process of healing through local healers who have the knowledge of “lifting the womb,” as she put it. Unable to travel due to work commitments at the University, I could not pursue this traditional route of healing. My second pregnancy was assisted by several medical interventions, including daily subcutaneous injections and extreme care up to the gestation period of 11 weeks. This prenatal care period was filled with apprehension about the pregnancy and reluctance to inform my mother, fearing her insistence on traditional prenatal care methods.

My delivery took place in my hometown, where I underwent a caesarean section (LSCS) due to low amniotic fluid. Unbeknownst to me, my mother had arranged for one of her trusted local women healers to assist in my post-natal care. This healer became my primary support in the healing process, from cleaning the wound to providing physiotherapy assistance. She also intervened when I experienced low breast milk production. It was during this time that she began to share with me the importance of activating the mammary glands before birth, the need for specific prenatal nutrition, and practices that might have prevented the c-section I underwent.

This experience and the postpartum care I received from traditional midwifery practice prompted me to reflect on the intersection of traditional and modern reproductive health practices in Naga society. It raised questions about why there seems to be a disconnect between these two approaches and how they might be integrated for better maternal and infant health outcomes. This personal journey serves as a microcosm of the larger issues facing reproductive health practices in Naga society, where traditional

knowledge and modern medical interventions often exist in parallel but rarely in harmony. The core problem lies in this disconnect: the potential loss of valuable local knowledge and practices in the face of modernization, and the missed opportunities for integrating these approaches to provide more comprehensive, culturally sensitive care. It underscores the need for a deeper understanding of the role of local midwives, their knowledge systems, and how these can be effectively integrated with modern healthcare practices to provide comprehensive, culturally sensitive care (Torri & Hollenberg, 2013; Beckett & Hoffman 2005; Westmarland 2001) for Naga women throughout their reproductive journey.

Naga society, with its rich cultural heritage, has long relied on traditional healing practices for both general and reproductive health. Healers have traditionally played a crucial role in healthcare, including prenatal care, childbirth, and postpartum recovery. To understand this complex system of healthcare, Joshi (1986) argues that we must examine the traditional social structure and its evolution over time. Her study of health, disease, and social structure in the village of Jotsoma, Nagaland provides valuable insights into the role of healers in Naga society. Before the advent of Christianity, Joshi notes that the village priest (*zhevo*) and the medicine man (*thenumia*) were indispensable to the village social structure (p. 129). Then again, the role of the *zhevo* in the context of Christianity is now taken up by pastors and deacons of the church (p. 129). The *thenumia*, believed to possess magico-qualities, was responsible for releasing souls from evil power and curing diseases (p. 132). However, historical accounts suggest that while the *thenumia* played a significant role in general healing, childbirth was primarily the domain of women. Joshi's study reveals a significant aspect of traditional Naga childbirth practices. An informant reported conducting her own delivery, indicating a level of self-reliance and knowledge among Naga women regarding childbirth. In cases where a woman lacked this expertise, the community practice was for any knowledgeable woman to step in and assist with the delivery (Joshi, 1986, p. 131). This practice underscores that pregnancy, its management, and the act of childbirth were primarily women-centred experiences in traditional Naga society. Such customs highlight the central role women played in reproductive health, emphasizing their autonomy and the importance of shared knowledge within the female community.

This local system of healthcare, however, has been significantly impacted by the rapid modernization of healthcare systems. The integration of modern medical practices has led to a potential loss of valuable local knowledge, particularly in the realm of reproductive health which is confined to women's knowledge systems. This prompts the study to explore the current state of reproductive health practices in Nagaland, focusing on the evolving role of local midwives (if they can be called this) and their interaction with modern healthcare systems. By examining how socio-economic changes have influenced local midwifery practices, we aim to understand the challenges faced in preserving and integrating this indigenous knowledge with contemporary healthcare approaches. This research is crucial not only for preserving cultural heritage but also for developing more comprehensive and culturally sensitive reproductive healthcare practices in Naga society. The tension between traditional and modern healthcare practices presents both challenges and opportunities. While modern medicine has undoubtedly improved many health outcomes, there is a risk of losing valuable traditional knowledge that has been refined over generations. By exploring the current state of reproductive health practices and the role of traditional midwives, this study aims to bridge the gap between these two systems, potentially leading to a holistic understanding in effective healthcare strategies for Naga women.

2. Understanding the Context

The Nagas are a group of Indo-Mongoloid indigenous people inhabiting a region that includes the state of Nagaland and parts of neighbouring states in India, as well as northwestern Myanmar. Nagaland consists of 16 administrative districts, with 17 tribes and various sub-tribes, each distinct in customs, language, and cultural practices, yet sharing some commonalities (Nagaland State Human Development Report, 2016). Traditionally, Naga societies were primarily agriculturalist, with life deeply intertwined with rituals, ceremonies, and festivals. The concept of *'genna*,' referring to taboos or restrictions associated with events, is deeply rooted in the Naga socio-religious worldview (Hodson, 1910; Katz, 1928). This cultural context extends to health practices, where Nagas have long relied on local healers utilizing medicinal plants and traditional healing methods (Rao & Jamir, 1982; Changkija, 1999; Shankar & Devala, 2012). For the Nagas, health is closely tied to faith traditions (Joshi, 1986; Chophy, 2019; Chophy 2021), at the

same time, illnesses are construed to be offshoots of the "propitiation of supernatural beings and spirits (Thong & Kath, 2011). The traditional practice of health care among the Nagas continues to permeate their everyday lives, even in contemporary times. This can be observed in the usage of oils blended with medicinal herbs, massage techniques for joint and nerve pains, and the usage of herbal powders or solutions to supplement allopathic treatments. My personal experience attests to the efficacy of these practices. As a teenager, I was effectively cured of jaundice by a local herbalist when other medical treatments had failed. Moreover, many of my family members have sought and continue to seek treatment from local healers for various ailments, including the removal of gallstones without surgical procedures. At the same time, there are also accounts of treatments from traditional and faith healers resulting in deaths (Chophy, 2021, p. 424).

While such practices may seem unorthodox or even bizarre to those unfamiliar with Naga culture, they are deeply rooted in the lived experiences of the Naga people. This cultural and social context is crucial for understanding the role of traditional healers and midwives in reproductive health. These practitioners are not merely alternative healthcare providers; they can also be considered as the custodians of a rich cultural heritage that intertwines health, spirituality, and community practices. In the realm of reproductive health, this cultural background significantly influences how Naga women approach pregnancy, childbirth, and postpartum care. Traditional women healers and midwives, with generations of knowledge passed down through oral traditions, play a vital role in these processes. Their practices, while sometimes at odds with modern medical approaches, are deeply respected and valued within the community. The effectiveness of integrating traditional and modern approaches is exemplified by the work of the Eleutheros Christian Society (ECS) in Tuensang, Nagaland. In her note, Y. Chang recounts her field visit to Longpang village where, despite limited resources, the Primary Health Centre (PHC) established by ECS in 2009 had no maternal or infant mortality cases up to 2022. Dr. Chingmak Chang, the founder of ECS, attributes this success to the collaboration between women pastors, midwives, and ASHA (Accredited Social Health Activist) workers who act as liaisons between women and health centres. The diversity and prevalence of traditional healing practices in Naga society are further illustrated by a Longkumer's study focused on mental healthcare. Longkumer (p. 17) identifies four modalities of healthcare given by traditional healers: herbal (ethnobotanical), animal

product-based (ethno-zoological), mechanical (mainly massaging), and psycho-spiritual (consisting of various exotic, supernatural, and divining séances). The study's findings underscore the continued relevance of these practices, with nearly 30% of surveyed households consulting traditional healers - 34.8% in rural areas and 16.5% in urban areas.

However, as modern healthcare systems expand their reach, there is an increasing tension between these traditional practices and contemporary medical approaches. This tension forms the core of our study, as we have explored how traditional healing and midwifery practices are evolving in response to modernization, and to further the question how they might be integrated with modern healthcare to provide culturally sensitive and comprehensive care for Naga women. The challenge lies in finding a balance that respects and incorporates the wisdom of traditional healers while leveraging the advancements of modern medicine, ultimately aiming to create a more holistic and effective approach to reproductive health care in Naga society. To address these complex dynamics and provide an analytical framework, we turn to sociological theory that can enable an understanding of the processes of change and adaptation at work in Naga society.

3. Theory Framework of the Study

3.1. Giddens' Theory of Modernity:

This study is grounded in a comprehensive theoretical framework that examines the complex interplay between traditional and modern reproductive health practices in Naga society, with a specific focus on the role of traditional midwives as key actors in this dynamic. At the core of our conceptual underpinning is Anthony Giddens' (1990) theory of modernity, which provides a multi-faceted lens through which to examine the research problem. Giddens' theory helps us understand how socio-economic changes influence traditional midwifery practices, illuminating the tensions between indigenous knowledge systems and biomedical approaches in reproductive health. Giddens posits that modernity is characterized by "disembedded…locally based practices" (Giddens, 1990, p. 109) where social relations are lifted out of local contexts and restructured across infinite periods and space. This concept is particularly relevant to our study, as it helps explain how Naga traditional midwifery practices, once deeply rooted in local culture, are now being challenged and transformed by modern biomedical approaches to women's

reproductive health. As a researcher with personal ties to this community, I have observed firsthand the profound impact of these changes on traditional practices and the individuals who maintain them.

The "erratic character of modernity," as Giddens (1990, p. 152) describes it, has two significant influences: "unintended consequences and the reflexivity or circularity of social knowledge" (pp. 152-153). This "juggernaut-like quality of modernity" alters sociality and social institutions themselves, providing a framework for understanding the dynamic nature of traditional midwives' roles in Naga society. In my own journey through pregnancy and childbirth, I witnessed this flux firsthand, navigating between traditional wisdom and modern medical advice. Giddens' emphasis on expert systems in modern societies offers another valuable perspective for our analysis. These specialized systems of technical knowledge pervade all aspects of social life, and as Giddens notes, all "lay persons in respect of the vast majority of the expert systems—must ride the juggernaut" (p. 132). This concept can help us analyse how the expert system of modern medicine is interacting with, or potentially displacing, the traditional expert system of midwifery in Naga society. It provides a framework for understanding the changing status and authority of midwives as they confront the increasing dominance of biomedical approaches to reproductive health.

The concept of reflexivity in Giddens' theory illuminates how traditional healer midwives in Naga society might be adapting their practices in response to new medical knowledge and changing societal expectations. It helps explain the dynamic nature of their role, as they navigate between preserving traditional knowledge and incorporating modern medical insights. This resonates with my personal observations of women healers as midwives in our community, who often blend traditional practices with modern medical advice, creating a unique hybrid approach to reproductive health care. By applying Giddens' theory, we can better understand the tensions, adaptations, and negotiations that occur as traditional healer midwives in Naga society confront the forces of change. It allows us to view these healer midwives not as passive recipients of change, but as active agents who are continually reshaping their practices and identities in response to broader societal transformations. This perspective enriches our analysis, providing a nuanced understanding of the evolving role of traditional midwives in the context of modernizing reproductive health practices in Naga society.

In the context of Naga society, this theoretical framework helps explain the observed disconnect between traditional and modern approaches to prenatal and postpartum care, as experienced in my personal journey and reflected in broader societal trends. It sets the context for a comprehensive examination of the challenges and opportunities faced by these key actors in the health care system, bridging the gap between academic analysis and lived experience. Through this initial critical lens, we can explore how traditional healer midwives adapt their practices to incorporate modern medical knowledge while preserving valuable traditional insights, and how these changes reflect and influence broader societal shifts in perceptions of reproductive health. This approach allows us to honour the complexity of the issue, recognizing both the value of traditional practices and the potential benefits of modern medical advancements in improving maternal and infant health outcomes in Naga society.

3.2. Cultural Capital, Resilience and Adaptability:

Building on Giddens' theory of modernity, we can turn to Pierre Bourdieu's (1986) concept of capital forms to further analyse the changing social and economic status of traditional midwives in Naga society. Bourdieu's framework complements Giddens' ideas by offering a nuanced understanding of how different forms of capital interact within the changing landscape of reproductive health practices. He states that "cultural goods can be appropriated both materially—which presupposes economic capital—and symbolically—which presupposes cultural capital" (p.20). In this sense, Bourdieu's theory is particularly relevant in understanding how the cultural capital possessed by Naga women healer midwives—their specialized knowledge and skills—may be revalued or devalued as biomedical models gain prominence. This perspective allows us to examine how healer midwives might leverage their cultural capital to maintain relevance in a changing healthcare landscape. For instance, in my personal experience, a traditional healer who assisted in my post-natal care demonstrated how indigenous knowledge could be effectively integrated with modern practices, illustrating the dynamic nature of cultural capital in this context. The concept of cultural capital also aligns with Giddens' notion of expert systems, providing a framework to analyse how the traditional Naga healer midwives' expertise is perceived and valued in relation to the growing influence of

biomedical knowledge. This interplay between different forms of expertise reflects the broader societal negotiations between tradition and modernity that Giddens describes.

Furthermore, the resilience and adaptability of indigenous knowledge systems, as highlighted by scholars such as Sillitoe (1998), Knopf (2015), and Briggs & Sharp (2004), enrich our theoretical framework. Sillitoe acknowledges that "understanding another knowledge tradition is indisputably no easy or short-term task" (1998, p.234) and that "indigenous knowledge is by definition interdisciplinary" (p.247). This perspective is crucial in exploring how traditional Naga midwifery practices persist and evolve despite pressures from modern healthcare models. It provides a lens to examine the strategies healer midwives employ to integrate their practices with contemporary healthcare approaches, which is essential in understanding the potential for harmonizing traditional and modern practices in Naga society. This focus on the adaptability of indigenous knowledge systems resonates with Giddens' concept of reflexivity, illuminating how traditional healer midwives actively respond to and shape their changing environment. It allows us to view these practitioners not merely as victims of modernization, but as agents capable of navigating and influencing the complexities of social change.

Complementing these concepts, we integrate Grenier's (1998) work on the challenges of intergenerational transmission of indigenous knowledge. Grenier argues that indigenous knowledge systems "are cumulative, representing generations of experiences, careful observations, and trial-and-error experiments" (1998). However, he also notes that local people "have lost confidence in their ability to help themselves" and become reliant on external solutions. This aspect of the framework is vital in identifying the obstacles to knowledge transmission and the methods Naga healer midwives use to preserve their cultural practices. It relates directly to the observed need for understanding and preserving traditional midwifery knowledge in Naga society, as highlighted by the wisdom shared by the traditional healer during my postpartum care. By integrating Bourdieu's theory of capital, perspectives on indigenous knowledge systems, and Grenier's insights on knowledge transmission with Giddens' framework, we have attempted to create a more comprehensive theoretical approach. This combined framework enables us to analyse the multifaceted dynamics at play in the evolving role of traditional midwives in Naga society, from broad societal shifts to individual strategies for adaptation and resilience.

This approach allows for a nuanced analysis of how traditional Naga midwives navigate the intersection of indigenous knowledge and modern healthcare, adapt to changing socio-economic conditions, and strive to maintain their cultural relevance and practices. The framework provides the theoretical foundation for exploring the research question, enabling a multifaceted examination of the challenges and opportunities faced by traditional midwives in Naga society as they negotiate their role in the evolving landscape of reproductive health practices in Nagaland.

4. Significance and Conclusions

The significance of this study is multifaceted and far-reaching. Firstly, it addresses a critical gap in our understanding of how traditional healing and midwifery practices interact with modern healthcare in indigenous contexts like the Naga society. By intricately exploring the role of traditional women healer midwives and their knowledge systems, we gain invaluable insights into how these practices might be effectively integrated with modern healthcare to improve maternal and infant health outcomes. This integration is particularly crucial in a society undergoing rapid change, where negotiating between cultural practices rooted in traditional knowledge and modern medical interventions is increasingly necessary. Secondly, this research contributes significantly to the broader discourse on medical anthropology and alternative birth practices. Drawing on Byron Good's (1994) critical account of medical knowledge and practice, we recognize that physicians and healers occupy distinct worlds of meaning and experience. By examining how these worlds intersect in Naga society, we can better understand the nuances of alternative birth practices (Beckett & Hoffman, 2005) and explore how traditional prenatal and postpartum care can coexist with Western biomedical practices (Torri & Hollenberg, 2013; Jarman, 2017). This exploration not only enriches our understanding of Naga culture but also provides valuable insights into the potential for integrating diverse healthcare approaches in other indigenous contexts globally. Furthermore, a study of this nature and reach has significant implications for public policy making. In documenting the experiences of change and the meaningful interactions of cultural practices, we create important learnings that can inform more inclusive and effective healthcare policies (Fonow & Cook, 2005). The apparent research gaps in understanding traditional and modern healthcare practices underscore the

importance of this focused study. It has the potential to lead to more holistic approaches to reproductive health that respect and incorporate indigenous knowledge while benefiting from modern medical advancements.

In conclusion, this preliminary study has attempted to address the critical need for a deeper understanding of the unsung role of midwives in reproductive outcomes in Naga society. By examining the complex interplay between traditional practices and modern healthcare through the lens of sociological theory, we have illuminated the challenges and opportunities that arise in this dynamic context. The findings of this study suggest that there is significant potential for developing a more integrated, culturally sensitive approach to reproductive healthcare in Naga society. Moving forward, further research in this area could explore specific strategies for integrating traditional and modern practices, the potential for training programmes that bridge these two worlds, and the long-term impacts of such integrated approaches on maternal and infant health outcomes. Additionally, comparative studies with other indigenous societies could provide valuable insights into best practices for preserving traditional knowledge while embracing modern medical advancements.

Ultimately, the goal of this research is to contribute to the improvement of maternal and infant health in Naga society through a more nuanced, respectful, and effective approach to reproductive healthcare. By recognizing the value of traditional practices and finding ways to harmonize them with modern medicine, we can work towards a healthcare system that truly serves the needs of Naga women and their communities.

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