IOSR Journal Of Humanities And Social Science (IOSR-JHSS)
Volume 29, Issue 9, Series 10 (September, 2024) 18-23
e-ISSN: 2279-0837, p-ISSN: 2279-0845.
www.iosrjournals.org

Indigenous Beliefs And Practices Of Childbirth Among The Sumi Tribes Of Nagaland

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Abstract:
Every culture, irrespective of its simplicity and complexity, has beliefs and practices concerning diseases. For many indigenous people, health is not merely the absence of disease but a spiritual, communal, and ecosystem equilibrium and well-being state. Every social group worldwide has specific traditional cultural practices and beliefs about pregnancy. Because of these characteristics, it has been the source of many traditional beliefs and rituals throughout history in every cultural environment. The term 'traditional birthing practices' is broadly defined as all beliefs, behaviors, and rituals demonstrated during antenatal labor, birth, and postnatal periods, which are socially constructed and shaped by the perceptions and practices of the culture. The Sumi Nagas are an indigenous tribe residing primarily in Nagaland, located in northeastern India. Sumi tribes have a rich cultural heritage and possess unique knowledge and customs about pregnancy and childbirth. Despite the increasing influence of modern healthcare practices describing pregnancy, the indigenous practices and beliefs continue to hold significance among the Sumi community. However, certain cultural beliefs, norms, traditions, and religious activities exist, eventually providing a good outcome where others may base them on myths or misinformation. It is essential to balance respecting cultural beliefs and ensuring the best possible health outcomes for the mother and the baby. While traditional beliefs and practices surrounding Pregnancy have been passed down through generations and continue to be followed by many communities, there is still a lack of comprehensive scientific research examining their efficacy and potential impact on maternal and fetal health. Recognizing and comprehending these traditional beliefs and practices are essential not only to steer clear of harmful practices but also to enable healthcare providers to offer culturally sensitive and efficient care to pregnant women in Nagaland. The study aims to shed light on the diverse range of beliefs and practices related to pregnancy, emphasizing their significance and impact on the well-being of expectant mothers and unborn children and establishing the extent to which women in particular rural communities adhere to traditional food taboos and practices during pregnancy and postpartum recovery.

Keyword: *Indigenous Practice; Cultural Beliefs; Pregnancy; Childbirth; Taboos; Genna; Sumi tribes.*

Date of Submission: 09-09-2024 Date of Acceptance: 19-09-2024

I. Introduction

Maternal health, a critical indicator of women's overall well-being and societal status, encompasses the period during pregnancy and the postpartum phase. While people often fill these moments with hope and joyful anticipation, they also bring forth fears, sufferings, and, tragically, instances of maternal mortality. In developing nations, women face a precarious situation during pregnancy due to inadequate access to proper care and support. This lack of resources often leads them into uncertain territory, risking potentially severe consequences. (WHO, 1998). Throughout history, pregnancy and childbirth have been significant contributors to maternal and neonatal mortality and disability (WHO, 2009). Despite not being diseases per se, the inherent risks stem from the diverse complications, practices, beliefs, life conditions, and immediate environments surrounding pregnancy and childbirth (Akram, 2014). Childbirth, a universal human experience, unfolds within a cultural context, with its dynamics shaped by the cultural views and practices prevalent in society (Jordon, 1978; Cosminsky, 1982; Laderman, 1983 & Vincent, 1992). According to Cosminsky (1982), rituals and symbols associated with childbirth signify a profound transition for both mother and baby, embodying the values and themes of the respective culture. Acknowledging and understanding these cultural nuances, as emphasized by Erinosho (1998), is crucial for effectively managing culture-bound syndromes within maternal health contexts. Pregnancy and childbirth represent significant transitional periods in a woman's life, deeply intertwined with traditional beliefs and rituals across diverse cultural landscapes. This phenomenon has given rise to various health practices that can either benefit or detrimentally impact specific populations. The United Nations (1998) observes that harmful traditional practices, including female genital cutting, early marriages, and

gender-related biases, predominantly impact women, leading to higher mortality rates, especially in Africa. Aziato (2016) reveals how women intensify prayers for protection, safe delivery, and blessings in Ghana, relying on religious artifacts like anointing oil and blessed water. Similarly, Ammar's (1960) study in the Middle East indicates a belief that illness results from improper religious rituals. In Korea, Min & Yoo's (2003) cross-cultural study unveils how prayers invoke the birth of a male child. Guatemalan women, as found in studies by (Berry, 2006; Callister and Vega, 1996), prefer giving birth at home, reflecting a solid desire influenced by traditional cultural practices. In rural KwaZulu-Natal, participants adhere to cultural food taboos, fearing harm to the unborn and the mother if they break these taboos. Region-specific taboos are also evident, such as the encouragement of papaya consumption during Pregnancy in Indonesia but its discouragement in India. Religion further influences food taboos, as evidenced by studies in Ethiopia and Zimbabwe (Ramulondi, 2021). Wang's (2019) study on traditional postpartum practices in China highlights the yin-yan (cold & hot) theory's significance for postpartum health maintenance. As explored by Saxena, Jelly, and Sharma (2020), Uttarakhand encompasses a spectrum of traditional beliefs, from dietary restrictions to specific delivery practices, reflecting the intricate web of cultural influences on maternal health.

II. Material And Methods

This study employed a qualitative, ethnographic approach to explore traditional maternal health practices among the Sumi Nagas in two villages that is, Shena village and Usutomi village of Zunheboto district, Nagaland. The study was conducted over a five-month period from April to August 2023. Purposive sampling was used to select 30 participants, including elderly women, pregnant women, Traditional Birth Attendants (TBAs), and elderly man, based on their direct involvement or knowledge of childbirth practices. The research focused on gathering insights into traditional childbirth practices, nutritional beliefs, and rituals surrounding pregnancy and postpartum care. Semi-structured interviews were the primary data collection method, conducted in the local language. Field observations further supported the findings, ensuring a comprehensive understanding of the cultural practices. Ethical considerations were taken into account, with informed consent from the participants and confidentiality was maintained to protect the participants privacy and cultural integrity.

III. Result

Traditional beliefs and Practices of the Sümi Nagas

The Sumi Nagas are an indigenous tribe residing primarily in Nagaland, located in northeastern India. The Sumi are semi-nomadic groups and are scattered all over the state. They mainly concentrate in the Zunheboto district. It sits in the central part of the State of Nagaland between 94.52° East Longitude and 25.97° North Latitude with an area of 1595.88 sq. km bounded by the districts of Mokokchung on the North, Tuensang on the East, Phek, and Kohima on the South and Wokha on the West. They hold a significant place as one of the major tribes with a rich cultural heritage and a distinct identity within the larger Naga community. The language spoken by the community is known as 'Sumi,' which belongs to one of the subgroups of the Tibeto-Burmese family.

The traditional faith and religious practices of Naga tribes, characterized by animism, involve a complex belief system with a supreme creator, deities, ghosts, and spirits associated with natural elements. Elwin (1961) notes the roles of priests and medicine men in placating spirits, banishing disease-causing entities, and lending agricultural rites. The core Naga belief revolves around escaping the wrath of deities, purifying to ward off evil spirits, and appeasing the sky God for bountiful harvests. However, these beliefs were often rooted in primitive mythology and superstition and lacked a scientific outlook (Nshoga, 2009). Hutton (1921) associated Sumi religion with animism, highlighting the belief in spirits ascending to powerful deities after death, a pivotal concept in Sumi traditional beliefs. Despite the influence of Christianity, Aye (1986) underscores the persistent personalistic etiological domain of illness in the Sumi community, with a transition from animistic beliefs to Christian teachings. Zhimo (2011) acknowledges the diminishing influence of pre-Christian animistic beliefs on disease. However, folk healers such as prayer warriors and spiritual healers remain highly esteemed in the Sumi community. In the absence of modern medicine, Sumi attributed illnesses to evil or spiritual forces, seeking remedies through sacrifices to please their Timi Lhou (People's God) (Aye, 1986). This complex interplay of animistic traditions, religious transformations, and healing practices reveals the intricate cultural landscapes of the Naga tribes, emphasizing the enduring impact of traditional beliefs on their worldview.

The study aims to delve deeply into the prevailing traditional practices surrounding pregnancy, childbirth, and the postpartum period, specifically within the cultural context of Nagaland. It seeks to assess the safety, efficacy, and cultural significance of these practices while identifying potential risks or interactions with modern medical interventions.

Case I: Role of Traditional Birth Attendants/ Mid-wife

Lusheli, a 56-year-old woman from Village A, (names are pseudonym) has been practicing childbirth in her community for over 20 years. In addition to delivering babies, she corrects the fetus's position in the womb through abdominal massages with regular oil. She believes in the effectiveness of warm chicken soup and abdominal massages, along with keeping warm objects or clothes above the abdomen to facilitate labor. In case of a fall-down accident, Lusheli carefully adjusts the fetus's position through abdominal massage. Before deliveries, she prioritizes sanitation, using a regular lifebuoy bathing bar to wash her hands. Remarkably, Lusheli conducts delivery without any equipment, emphasizing a hands-on approach. She acknowledges the challenges of first deliveries, sometimes lasting two to three days, and mentions that the local health practitioner handles cutting the baby's umbilical cord. When asked about her expertise, she attributes it to self-learning and practice, expressing concern about the lack of knowledge among the new generation of women.

In contrast, Viqheli, aged 54, from village B, has delivered babies since the age of 30. She attributes her knowledge and skills in childbirth to observing and assisting her mother during family and village childbirths. This hands-on exposure has equipped her with practical insights into the childbirth process. She mentions using a sharp bamboo for cutting the umbilical cord and applying fine ashes of burned and pounded straw to the wound for quick recovery. Explaining the application of the ashes as having antiseptic properties, she notes that they prevent infection and discourage harmful bacteria growth.

Case II: Traditional Beliefs in Pregnancy Nutrition

The study mentioned different food types that should be taken or avoided during pregnancy. A-58-year-old Awomi of village B, 60-year-old Ghushepu of village C, Shetoli, 61 years old of village D, and Ghutovi, 71 years old from village E, explained certain foods, fruits, and vegetables which were avoided and encouraged to take during pregnancy. Bees, hornets, river fishes, chickens, birds, etc., are given to a pregnant woman for several health benefits. *Tsutopu ghawu* (family of Erithecus Rubecula), a bird considered wise and intelligent and can produce different beautiful sounds, is fed to the expectant mother so that the child will be bright, intelligent, and quick in learning languages. *Red ants,* which the Nagas usually consume as exotic food, are not given to pregnant women because they will cause certain infections on the baby, for example, red rashes and swollen bodies. *Ashiphi* (Pangolin) is not allowed for pregnant women because it will cause body rashes similar to the animal. *Aqhiwo* (Sloths), shy mammals, are not given to pregnant women as there is a belief that the child will tend to inherit the introverted nature of the animal. *Achequ* (Porcupine) meat is discouraged, as there is a myth that consuming this animal during pregnancy will lead to stunted growth of a child. *Kitechu (*Decrepit or food meant only for elders), for example, *Qhechou, Abagha* (Pinyonjay rook), and *Aqhaqho* (Owl), are prohibited during pregnancy since these birds are considered imprudent. Taking these foods, the child will tend to inherit the traits of these animals. For this reason, these birds are consumed only by the village elders. Prohibits the pregnant mother from consuming carcasses and certain proscribed birds and animals, for example, *Jichukili* (a variety of rats and squirrel family) and *Shukutungu* (apes, monkeys), which may adversely affect the mother or child. Wild animals are discouraged from consumption during pregnancy for various reasons. Any animal brain is prohibited from consuming because it will soon lead to grayish hairs. *Awo Shomi No Xe (*Infect of Pigtails) believes the child will acquire restless traits if the mother consumes pigtails during her pregnancy, which is prohibited. Consuming chicken feet during pregnancy is discouraged as it may lead to a complex or prolonged labor. Sichuan pepper (Zanthoxylum piperitum) and its leaf are restricted for consumption during the first and second trimesters of pregnancy as they can lead to a loose fetus. At delivery time, chicken soup and dog soup are served to the mother (to strengthen her body and mind). *Akini* (Perilla) is considered a superfood for postnatal recovery, a wound that develops after delivery. So, giving Perilla in the form of soup heals the wound faster. Sugarcane was encouraged to be taken by the mother to prevent Jaundice in the baby. Fruits like papaya and pineapple were discouraged because they would lead to the loss of the fetus. There is also a myth that pregnant women should not take Co-joint bananas or any Co-fruit to avoid twin pregnancy.

Case III: Rituals and Taboos Surrounding Pregnancy

Fifty-six years old Lukhevi of village A, Vinito, 69 years old from village B, Lutoli, 80 years old from village C, mentioned certain rituals and taboos their communities have practiced since time immemorial. Killing snakes and monkeys is considered taboo. To kill a snake by a pregnant woman, her child will have a tremulous tongue, or to kill an earthworm, the child will be born blind. After delivery, they roll six yarns for a boy-child and five yarns for a girl-child to tie the umbilical cord, and *Ayilo (*wild mint) is applied to prevent infection. While observing ten days of *Genna* (Magico religious practice, derived from the tenyedie word 'Kenyü' meaning forbidden) after delivery, they prohibit the mother from entertaining guests by displaying *Ayilo* (Wild mint) and *Zunhebo* (Leucosceptrum canum Sm) at the main door. If a mother dies in childbirth or within ten days of delivery, she is branded as *Nhapithi (*died at the time of delivery) and is buried unclad and unclothed.

They take her body out through the back door and bury it behind the house. In such a case, the husband observes *Genna f*or eleven days.

They throw away all the deceased beads, ornaments, and clothing items, and her husband's property is not touched by anyone "for a year," i.e., until the next harvest. If the child dies at the same time as its mother, they brand it as *Aniboloyeh* and bury it inside the house near the fireplace. If the child dies before naming, they have to bury it, naming it *Khumtsa/Akhakhu* (for males) and *Akhishi/Khakhuli* for females. Pregnant women were prohibited from sitting around the nest of *Ajifu* and *Jichukili* (a variety of rats and squirrel family rodents) because the child would adopt those wheezing traits of rodents. They were also prohibited from sitting above *Apikhi (*a pounding table) because, in doing so, the child could not walk faster or would be slow in learning to walk. There is a myth saying a woman should have a cheerful face and heart, especially during pregnancy, to avoid laborious delivery. They believe the woman does not possess the above qualities if there is a complication in letting out the Vernix Caseosa after delivery. Respondents also mentioned that Sümi men folks play a vital role in the well-being of the expectant mother; for instance, when a pregnant woman craves certain foodstuffs, it is the baby who wishes to eat and not the mother, so the husband makes sure to fulfill these desires. Soon after childbirth, a hen or cock (according to the gender of the baby) is cut and has to be consumed only by the mother; others cannot eat or taste it as it is considered to be *Akipixi shi (*Infect). All kinds of hunting activities by the men folks were discouraged during their wives' pregnancies. There is a belief that feeding hunting foods to the wife during her pregnancy will harm the well-being of the mother and the unborn child.

Case IV: Preferential Home Birthing in Rural Villages

In rural villages, women often choose to give birth with the assistance of traditional birth attendants, relying on familial and community support. Vilishe, 24 years old, described her family's long-standing tradition of using such attendants, noting that the absence of delivery complications has been a key factor in avoiding the journey to towns for medical care. Similarly, a 37- year- old woman echoed this sentiment, deeming it unnecessary to journey far when she could comfortably give birth at home with the help of family, neighbors, and a traditional birth attendant. Conversely, 35-year-old Vili recounted a tragic incident involving her sister's death while attempting to reach a distant hospital due to transportation difficulties and poor road conditions. This harrowing experience led Vili to opt for home birthing, prioritizing safety over the risks associated with travel.

Case V: The power of prayer in Sumi Naga Pregnancy Experiences

In the Sumi Naga community, prayer is profoundly influential in the experience of pregnancy. Pulosheli, a 30-year-old, underscores prayer as a crucial channel for communicating with the divine to articulate needs, concerns, and expressions of gratitude. She attributes her timely and uncomplicated delivery to the steadfast prayers of her family, particularly her mother's devoted intercessions, which imbued her with strength and reassurance throughout her pregnancy. Similarly, Kusheli, aged 39, adheres to a practice of rising at 1 a.m. to pray for her unborn child and her family, grounded in her belief that the spiritual veil is thinnest during this hour, providing a unique opportunity for profound spiritual engagement. This nocturnal ritual fosters a serene and focused environment for spiritual reflection. Visheni, 35, and her husband confronted a five-year struggle with infertility, turning to persistent prayer and the intervention of prayer warriors and pastors. Their unwavering spiritual efforts, coupled with petitions for forgiveness of past transgressions, culminated in the conception of their son. This experience highlights their faith in divine intervention and the constraints of modern medical solutions, which were financially out of reach. Visheni, expresses deep gratitude to the church for facilitating what they perceive as a miraculous outcome. These accounts collectively illustrate the significant role of prayer in navigating pregnancy-related challenges, reflecting its profound spiritual and practical impact within the Sumi Naga community.

IV. Discussion

The maternal health practices among the Sumi Nagas reveal a strong reliance on traditional birth attendants (TBAs) and cultural beliefs that shape pregnancy and childbirth. TBAs often use hands -on methods like abdominal massage and manage deliveries without formal training, which raises concerns about maternal and child safety. While their practices are deeply rooted in tradition, studies (Rohmah, 2010; Prasetyawati, 2012) caution that such methods can lead to complications, such as pretem labor and infection, highlighting the need for healthcare access that balances cultural sensitivity with medical safety. Food taboos during pregnancy are significant in the Sumi culture, where certain animals and foods are avoided based on myths about their effects on the unborn child. These restrictions, seen in other cultures globally (Meyer-Rochow, 2009; Ramulondi, 2021), can limit essential nutrients needed for maternal and fetal health (Kavle & Landry, 2018). Ensuring pregnant women receive balanced nutrition remains crucial, especially in rural areas where food choices are already limited. Rituals and taboos, like tying the umbilical cord with yarn or observing Genna after

delivery, demonstrate the community's protective customs. However, the labeling of women who die during childbirth as "Nhapithi" and the associated stigmatization shows the harsh social consequences tied to maternal mortality. Similar findings have been observed in other cultures where maternal death is seen as a failure of womanhood, such as in West Africa and Uganda (Kyomuhendo, 2003; Diallo, 1991). These practices highlight the need for addressing not only the medical but also the social and psychological aspects of maternal health in traditional communities. In rural settings, the preference for home birthing is influenced by both cultural traditions and practical considerations. Many women opt for homebirths, relying on the assistance of family members and TBAs, due to the familiarity and comfort of the environment. Studies by Panda (2015) and Saxena et al. (2020) also found that women in rural India preferred home births due to the logistical difficulties of reaching healthcare facilities. However, as the discussion shows, this choice can lead to fatal outcomes when complications arise and access to medical care is delayed, as noted in the tragic experiences of some women. The study calls for improved infrastructure and access to healthcare facilities in rural areas to ensure that women can receive timely medical attention when needed. Lastly, the study highlights the profound role of prayer and spiritual practices during pregnancy among the Sumi Nagas. Prayer is seen as a way to seek divine intervention for a safe pregnancy and delivery, particularly in situations where modern medical care may be financially inaccessible or unavailable. This aligns with the findings of Klein (1998) and Sich (1981), who discuss how religious practices and beliefs in divine control shape pregnancy experiences in various cultures. While prayer provides emotional and psychological support, it is essential to integrate spiritual practices with proper healthcare to ensure the best outcomes for mothers and children.

V. Conclusion

This study reveals the profound influence of cultural traditions on maternal health practices within the Sumi Naga Community. The role of Traditional Birth Attendants, along with deeply ingrained beliefs surrounding pregnancy nutrition, rituals and taboos, underscores the importance of indigenous knowledge in shaping childbirth and postpartum care. While these practices offer essential support in remote areas, the lack of alignment with modern healthcare standards presents challenges for maternal and child safety. The findings call for an integrative approach that bridges traditional practices with modern medical care, ensuring culturally respectful, safe, and effective maternal health services in these communities.

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