ISSN: 2349-8269

DIMAPUR GOVERNMENT COLLEGE

Journal

Volume XI, Issue No.2, Dec. 2025

Peer-Reviewed Journal

HPH Books

DIMAPUR GOVERNMENT COLLEGE JOURNAL
Volume XI, Issue No.2, Dec. 2025

ISSN: 2349-8269

DIMAPUR GOVERNMENT COLLEGE JOURNAL

2025

Vol. XI, Issue No. 2, Dec. 2025

Heritage Publishing House
Dimapur : Nagaland

Copyright © Dimapur Government College, 2025

All Rights Reserved.
No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without the permission of the copyright owner.

ISSN: 2349-8269
₹. 350.00

Heritage Publishing House
Tajen Ao Road,
Dimapur - 797113
Nagaland, India.

Editorial Note

Research is a crucial component in our lives that permeates through the realms of higher education. It aids in the advancement of knowledge, improved pedagogy, the enhancement of institutional reputation, and promotes funding which are crucial to the overall growth of an institution. Within the experience of empirical studies, the researcher, be it student or teacher, finds better scope to hone a wide spectrum of skills. The immense benefits of a consistent and vibrant research environment are the impetus behind the publication of the annual multidisciplinary Dimapur Government College Journal.

Providing a wide platform for the avid scholar, this issue contains twelve papers ranging from topics as diverse as food crops, pre-colonial Naga society, issues of identity, midwives, gender, role of media, different aspects of literature, sexual health of students and the implementation of the NEP 2020 and FYUGP. They have been written by writers across academia. We are confident that readers will find these papers relevant, thought-provoking and practical.

The papers have been thoroughly assessed by qualified reviewers for whose contributions the editorial board remains grateful.

Editorial Board
2025

Editorial Board

EDITOR

Dr. A. Sentiyula, Associate Prof. & Head,
Department of English, DGC

ASSOCIATE EDITORS

1. **Dr. Vinyuhu Lhoungu**, *IQAC Coordinator & Associate Prof., Dept. of Economics, DGC*
2. **Prof. Hare Krushna Parhi**, *Dept. of Education, DGC*
3. **Dr. Maongkala Longchar**, *Associate professor, Dept. of English, DGC*
4. **Dr. Yelhi Vero**, *Assistant Professor, Dept of Economics, DGC*
5. **Dr. Asangba Tzudir**, *Assistant Professor, Dept. of Philosophy, DGC*

REVIEWERS FOR DGCJ 2025

1. Dr. Bikash Chandra Dash
   Professor, Dept. of Political Science, Assam University, Diphu Campus, Karbi Anglong
   Email: bikashsh@gmail.com

2. Dr. L. J. Neken Jamir
   Associate Professor, New model College, Mangkolemba, Mokokchung
   Email: nekenjamir@gmail.com

3. Dr. Kaba Daniel
   Principal, Yemhi memorial College, Dimapur
   Email: kabadanpou@gmail.com

4. Dr. Lichumo Enie
   Principal, Unity College, Dimapur
   Email: lichumo@unitycollegedimapur.com

5. Dr. Metseilhouthie Mor
   Assistant Professor, Pfutsero Government College
   Email: metsei.mor@gmail.com

6. Dr. Tialila
   Principal, Wangkhao Government College, Mon
   Email: tialila82@gmail.com

7. Dr. Moalemba
   Associate Editor, The Morung Express, Dimapur
   Email: jamir.moa@gmail.com

8. Dr. Thokchom Sunanda Devi,
Associate Professor& Head, Dept of English,
St. Joseph University, Nagaland
Email: thokchomsunanda@gmail.com

9. Dr. Temsusenla Jamir
Assistant Professor & Head, Dept of Psychology,
Dimapur Government College, Dimapur
Email: asenlajamir1317@gmail.com

10. Prof. Hare Krushna Parhi
Dept of Education, DGC, Dimapur
Email: harekrushna.parhi@gmail.com

CONTENTS

Editorial Note

List of Reviewers

1. **Transitioning to FYUGP and the Challenges of Multidisciplinary Approach: Perceptions of College Teachers in Nagaland** **1-24**
   – Prof. Buno Liegise, Narola Chuba & Katikala

2. **Implementation of NEP 2020 in Higher Education: A Review** **25-44**
   – Narotila Imchen

3. **Evolving perspectives in North-Eastern literature: An Analysis of Two Works by Dhruba Hazarika** **45-53**
   – Alemtula & Washitemjen Jamir

4. **Pre-Colonial Society of Nagas: The Socio-Economic, Cultural and Political Uniqueness** **54-71**
   – Dr. G. Phukato Sema

5. **The Chakhesang Nagas of Manipur: Identity Issues and Hazy Boundaries in the Post-Colonial Era** **72-89**
   – Lerete-u Khutsoh

6. **Gothic Echoes in Rebecca's Tale and Wide Sargasso Sea** **90-106**
   – Dr. Maongkala Longchar & Tolino Yeptho

7. **The Role of Indigenous Kepvugha-kenoncawa (traditional midwives) among the Rengma Nagas** **107-120**
   – Neisenuo Apon Rengma

8. **Understanding the Treasures of Wisdom: Analysis of the Liangmai Folktales** **121-139**
– Wingamlubou Newmai & Dr. Ngutoli Y Swu

9. **Tenyimia Kelhouzho Kevi (Tenyimia Cultural Values)** **140-153**
– Dziesevituo Sachü

10. **Examining Media's role as a Change Agent in the Age of Information Explosion** **154-168**
– Neiketu Siam

11. **Sexual Health Awareness among Post Graduate Students of Nagaland University** **169-198**
– Yooluti Suchiang & Dr. Neizo-ü Mero

12. **Dimensions of taro (colocasia esculenta) as a food crop in social ties among Konyak and Phom Nagas** **199-208**
– R. Arangba Pongener

ISSN : 2349-8269
Dimapur Government College Journal, Vol. XI, Issue No. 2, Dec. 2025
An Annual Peer-Reviewed Journal

7. The Role of Indigenous *Kepvugha-kenoncawa* (traditional midwives) among the Rengma Nagas

Neisenuo Apon Rengma*

* *Neisenuo Apon Rengma, Assistant Professor, Dept of History, Dimapur Govt. College.*

Abstract

Traditional midwifery is an ancient cultural practice that existed among the Rengma Naga tribe and other parts of the world. According to the Britannica "The universality of childbirth makes the practice of midwifery a cultural touchstone, as seen in historic textual and pictorial references to midwives attending births". ***Kepvugha-kenoncawa*** (traditional midwives) are women who have a knowledge of childbirth. Though without formal training, some midwives have extensive knowledge of herbal remedies and have performed medical services beyond attending childbirths, some midwives have spiritual gifts to commune with the spirits through dreams and sometimes make predictions. From the preliminary research on my PhD thesis, it was found that in the Rengma Naga society the role of women birth attendants and their cultural and economic contribution in traditional societies is scarcely written about. Mainstream history often excludes the work of women

in areas of care giving, nurturing. Vandana Shiva's (1993) writings of the 'Economic redefining' is important to consider as "women brings a peace, nurturing force, all the work women has done in the economics of care, the economy is maintaining life of earth". The researcher is focus on the situational analysis of both traditional and skilled birth attendants in Rengma villages of Rengma Tribe. During this study, respondents like Shumo, Jumu, Thendi, Awile disclosed that they saw nothing wrong with traditional midwifery especially in a community with limited health facilities and financial hardship. During the fieldwork it was found that the Rengma villagers used various medicinal plants for treating many health issues. The proposed research will be confined within the northern Rengma tribe inhabited areas of Nagaland. With the historical contribution of Rengma women in attending safe births, thereby declining mortality rate and continuation of ancestral cultural knowledge, an understanding of such practices are vital to continue to learn the art and provide choices to women as to what at any time they should select.

***Keywords**:* Midwives, women's health, traditional knowledge, medicinal plants, spirituality.

INTRODUCTION:

For a long time history of society has been represented and mediated through texts and most of earlier writings done by colonial administrators and Christian missionaries in North-eastern India. The politics of which knowledge gets reproduced and disseminated are an essential question

(Jimo, 2018). The history of women birth and the role of women in their delivery has found little space in the earlier texts. As quoted by noted Anthropologist and feminist Margaret Mead (1935), "The Nagas recognized that their women have an important contribution to make in their society." However, the reconstruction of Naga history in the twentieth century has not been free from its silences and selectivity. The striking fact about the historiography of women is historians' general neglect of the subject (Deka, 2011; Vitso, 2012; Jimo, 2018). Dais, or midwives, are persons who assist women in childbirth. A midwife's self-representation is, therefore, someone who has mastered a cultural practice (Bourdier, 1990) described as one who knows when to introduce specific moves and maneuvers to outwit practical destiny. Midwifery is one of the oldest professions of women which could be dated as far back as the existence of man. The act of traditional midwifery was associated with tradition, superstitions and practices which were transmitted from one generation to another generation of midwives, some learned along by their own experiences.

Study area:

Rengmas are one of the indigenous tribe found residing both in Nagaland and in the state of Assam. The study is confined to the Rengmas under Tseminyu district of Nagaland. It is neighbours with the major Naga tribes of Angamis, Lothas, Semas. The proposed research will be confined within the Northern Rengma inhabited areas under the Tseminyu district of Nagaland also called as *Ntenyi*.

Significance of the study

As part of human activity cultural heritage produces tangible representations of the value systems, beliefs, traditions and lifestyles. As an essential part of culture as a whole, cultural heritage, contains these visible and tangible traces form antiquity to the recent past. Taking this into consideration, during preliminary research on my topic for Ph.D thesis even in Rengma Naga society, the role of women birth attendants their art and cultural contribution in traditional societies, from a historical perspective, is scant. The proposed research will therefore contribute to document and recover the women's voices to widen awareness, preservation of traditional knowledge systems and appreciation.

Objectives of research:

- To document the role of Rengma midwives and their traditional knowledge.
- To understand the spiritual role, the conflict and changing dynamics of traditional midwifery.
- Questioning what status the midwives acquire in the hierarchy of traditional knowledge, as it is an important point of reference on assessing the contribution of Rengma women.

Hypotheses

There is a historical contribution of Rengma women in attending safe births, thereby declining mortality rate and continuing of ancestral cultural knowledge.

The traditional midwives acted and still act as gynaecologists and pediatricians and the indigenes had absolute trust and confidence in them.

Methodology:

Multidisciplinary approach, Qualitative analysis, the Dialectical Inquiry method of historical investigation.

Primary sources : testimonials, life stories, and oral histories a significant mode of remembering and recording experience and secondary sources.

Historiography : gender history and empirical study.

Traditional Practice of midwifery in Northern Rengma (*Ntenyi*) village

As in other parts of tribal Nagaland, the birth of a child was regarded as the most important event in a couple's life. The birth of a child consolidated a marriage or a union as it was a bond that united the two families and it ensured the continuity of a lineage. Since time immemorial, the *Ntenyi* people had developed means through which they handled birth related issues based on their conviction, perception and belief system which was characterized by superstition. *Kepvugha-kenoncawa* (traditional midwivery) was an ancient cultural practice that existed in Rengma villages and other parts of the world. There existed women who had a greater knowledge in childbirth and the role played by midwives. Most midwives had spiritual gifts to commune with the spirits and the ancestors. They see dreams and could predict the exact day and time of the delivery and even gender.

Women were more comfortable to associate with midwivese than that someone of the opposite sex.

Findings :

Many of the Rengma midwives are elderly women who have extraordinary skills and have won their place through being able to impact confidence and calmness in birthing women. Many midwives were agriculturists and traders. And they felt good, happy sometimes obliged to help when called for. One traditional belief is to allow midwives who usually have healthy deliveries themselves, and discourage women who have had a hard time delivering themselves, it is believed that their fertility problems might pass on to the mother.

Mrs. Shumu, who is in her early 90s responded 'As women gave birth, they became involved in the delivery processes. Women who had given birth at home during the traditional period began to assist other women during child birth'. Their repeated participation, experience and observation in child birth gave them the required skills necessary for deliveries and they became the first generation of lay midwives. These elderly women were equally in charge of handling infertility and other sexually related issues. During this study, cases were mentioned of women who had fertility problem and bridged pregnancy that were redressed by traditional midwives. However, cases of unresolved issues were also identified. The patients were given a hot bath after delivery and fertility medicines or concoctions were administered to them. This process was done repeatedly until a satisfactory

result was obtained. Hot water to drink and to warm the stomach, use of rice water, chicken soup were remedies to pregnant mothers. The umbilical cord was cut either by a knife made of bamboo, or wormwood stem. The procedures used by the midwives were initially simple and carried out with bare hands which was later replaced by a clean safe cloth to cover hands and progressed to rubber gloves. The focus is on the situational analysis of both traditional and skilled birth attendants in the village. The practice of *Kepvugha-kenoncawa* is continued because of a weak health care system, shortage of skilled professionals, high cost of medical care, geographic and economic inaccessibility of health care, cultural norms and religious beliefs.

Traditional source of medicine

Kepvugha-kenoncawa (traditional midwives) in traditional societies often combine a deep understanding of herbal medicine, physical care, and intuition, offering personalized care that is deeply rooted in cultural beliefs. This knowledge is holistic, considering the physical, emotional, and spiritual well-being of both the mother and the baby. In the case of the Rengma women, they play a crucial role in maintaining and transmitting this knowledge, ensuring that it continues to serve the community.

Some plants and herbs: Amile (Elm bark) also known as traditional soap, bark of a tree, known for its slippery nature. This was boiled in hot water to let the mother drink before and during delivery. The leaves are warmed

in fire and applied/dabbed to the body for aches, muscle pain and sprains. Castor leaves were also used. They were first heated in the hearth, then crushed and placed over the stomach and uterus after the delivery.

The community still largely depends on the medicinal plants for treating various health issues. It has also been observed that many of the plant species have a broad spectrum for treating various diseases with the same plant. In spite of the richness of plant wealth in the area the numbers are declining every passing day due to deforestation for agricultural practices and various developmental activities. Also rampant collection of medicinal plants, especially uprooting of plants to harvest good income has led to fast decline of some valuable medicinal plants. One of the most important benefits of indigenous midwifery is the use of Indigenous languages during birth. Healthcare providers must speak the same language as those they care for so that women can clearly communicate with their healthcare providers and understand their choices during birth. One reason women choose to give birth at home with midwives is to communicate in their native language.

Concept of Ritual during Childbirth

Another practice that has been followed and practisced throughout generations among the Rengma Nagas is during the birth of a child beyond their technical skills, midwives also hold a significant spiritual role in many societies. They are seen not only as caregivers but also as protectors of life, often believed to have a unique

connection with the spiritual realm. Whenever there is childbirth in a household, a hen and rooster are brought forth. If the woman gives birth to a girl child, the hen is killed and served to her and if there is a boy child then the rooster is killed and served to her. It was not just another hen or rooster but the best and the largest is chosen for this ritualistic practice. The purpose of this practice is to wish good health as in the physical appearance of the child as the child grows up. Since chicken is regarded as one of the domestic birds that have healing factors and it gives strength to a person who drinks the soup prepared from a chicken, it is believed that feeding chicken to the mother during childbirth will nourish the child as the mother breastfeeds the child.

Conflict and Changing dynamics of traditional midwifery

The advent of British Administration in the Naga Hills and later the American missionaries introduced basic medicine and which became a part of their mission 'strategy.' Mary Mead Clark also succinctly sums up the role of medicine, as she states some knowledge of medicine also is of great advantage as it opens doors to many homes, and puts an end to consulting soothsayers and sacrificing demons. now famously known as medical missionaries. This paved the way for opening dispensaries and also sold medicine. (Rivenburg, 1941). Subsequently like all Naga villages, indigenes of Kandi depended on community health centers and hospital for their medicines. The government run maternity and child healthcare centers led by the government through the department of Health

and Family Welfare created health centers in Tseminyu and in Nsyunu in 1961 to cater for the health needs of the people. The health centre in Rengma areas was earlier staffed with ill-equipped PHC's and absentee doctors and staff. However, now the centres have well-trained personnel and establishment of ASHA staff which has led to a decline in the practice of *Kepvugha-kenoncawa*. Their arrival influenced the functions of traditional midwifery and the lives of indigenous women. Over the years there have been instances of midwives being mistreated when they bring women to hospitals with birth complications and they are held responsible for maternal deaths. Doctors also often blame pregnant women who develop birth complications for choosing to give birth at home with a midwife. During the study it was also found out that some women show lack of respect to the biomedical model of birth, describing it as colonial, patriarchal, and racist.

Conclusion

Kepvugha-kenoncawa, the art of traditional midwifery is one of the aged old cultural practices of the Rengma people which has resisted foreign influences. The natives saw traditional midwifery as a part of their culture which preserved the dignity of a woman. Conversion to Christianity helped, since most Naga as whole and Rengma villages church conduct faith healing services, but the status of midwives within the hierarchy of traditional knowledge is of particular importance when assessing the contributions of Rengma women. Midwives, often respected figures in their communities, occupy a position

of authority and reverence. They are typically seen as individuals who possess critical, specialized knowledge that ensures the continuity and health of the community. Their status is not just as caregivers but also as bearers of a knowledge system that is vital for the survival and well-being of future generations.The midwives' role within the hierarchy is influenced by their ability to navigate both the material and spiritual realms. Their knowledge is not easily accessible to all.

During this study, midwives like Shumo, Jumu, Thendi, and Awile disclosed that they saw nothing wrong with traditional midwifery especially in a community with limited health facilities and financial hardship. Thus, it was easier and cheaper to seek assistance from traditional midwives than from modern health facilities. Most indigenes lacked the money to pay for treatment in the Health Centre. Women were unable and unwilling to give birth in hospitals because they had to pay a maternity fee which is expensive. The method of treatment differs from that of biomedicine. Despite the implantation of modern medicine and birth delivery equipped with modern equipment, medicine and trained staff, traditional midwives have not lost their place and function in this society sometimes they are called to assist in the hospitals during delivery. However, they have experienced a decline in the number of clients. With the presence of both traditional and modern child care facilities, most women have resorted to a combined use of the two dispensations since they cannot clearly distinguish which is more potent. The contribution made by the traditional midwives continues to be vital and essential to their society. They provided

an effective and efficient health care to pregnant women and their babies. Traditional midwifery was an integral part of Rengma traditional medicine. The indigenous people fear and honour the spirit and ancestors and so they continue to uphold the practice. Women still rely on midwives for safe delivery. An understanding of such practices is vital to continue to learn the art and provide choices to women as to what at any time they should select.

References:

Barnawi N, Richter S and Habib F (2013). "Midwifery and Midwives: A Historical Analysis." *J. Res. Nurs. Midwifery* 2(8):114-121 midwifery.

Bourdieu, Pierre. W. (1990). *The Logic of Practice.* Tr. Richard Nice. Stanford, CA: Stanford University Press.

Chase, Aphuno, (2004) *Women in Transition, Angami Naga women from 1878 to the present*, Kohima.

Deka, Meeta (2011). "Folklore and Northeast History Indian." *Sociology mind* . 173-176. DOI - 10.4236/sm.2011.14022

Eram, U., Tamanna, Z., & Humaira, J.T. (2016). "Taboos and Misconceptions Associated with Pregnancy among rural women in Aligarh." *International Journal of Information Research and Review*, 3(12), 1-3

Elwin, Verrier. (1969), *The Nagas in the nineteenth century.* Oxford University Press, Oxford.

Era Nyongkah Rachel Tati, *Traditional Midwifery in the Balikumbat Fondom of the Bamenda Grassfields from Pre-Colonial To Post-Colonial,* Ph.D. Department of History and Archaeology University of Bamenda, Cameroon

Formación y Capacitación A.C., "International Confederation of Midwives*, Journal of Obstetrics and Gynaecology Canada, National Aboriginal Council of Midwives,* New Zealand College of Midwives, Radio New Zealand, Te Ara Encyclopedia of New Zealand, UNFPA, Women and Birth, World Health Organization.

Jimo, Lovitoli.(2018). Text, knowledge and representation, reading Gender in sumi marriage practices. *Modern practices in north east India, history culture, representation.* First south Asian edit. Routledge.

Kikhi, Chozule. Kikhi, Kedilezo. (2011). The role of women 'in Natural resources Management' a thematic report. Govt. of India- UNDP project.

Kath, Kenilo (2005). *Traditional religious systems of the Rengma Nagas*. Delhi: Anshah Publishing House.

Lerner, G. (1975). "Placing Women in History: Definitions and Challenges." *Feminist Studies,* 3(1/2), 5-14. doi:10.2307/3518951

Mahapatro, M., & Kumar, A. (2009). "Maternal Mortality among the Marginalized: A Case Study of a Scheduled Tribe of Orissa." *Indian Anthropologist,* 39(1/2), 85-97. Retrieved from http://www.jstor.org/stable/41920092

Mills, James Philip (1937) (1980). *The Rengma Nagas*. Macmillan and Co.

Mies, M., & SHiva, V. (1993) *Ecofeminism. London: Zed Books.*

Mead Mary, Clark (1907). *A Corner in India*. Philadelphia: American Baptist Publication Society, Boston, New York, Chicago, St. Louis, Atlanta, Dallas.

O'Brien B. Iqaluit, NU: Nunavut Arctic College; (2012*). Birth on the Land: Memories of Inuit Elders and Traditional Midwives* Softcover: p. 144. ISBN: 978-1-897568-10-

Sharma, Manorama. (2016). *History and history writings in north east India. Enquiry into the status of women in Nagaland ,* North East Network, Guwahati. Labanya Press.

_____.(1998). *Socio-Economic History in Pre-Colonial North-East India: 1 Trends, Problems and Possibilities.* Society and economy in North-east India. Delhi. https://www.wilsoncenter.org/event/indigenous-midwives

Phone number: 03862-248291
Email: researchcommitteedgc@gmail.com
Website: www.dimapurgovtcollege.in

ISSN: 2349-8269
Price: ₹. 350.00

Heritage Publishing House
Tajen Ao Road,
Dimapur - 797113
Nagaland, India