

Exploring Cultural Views on Prenatal and Postnatal Care in the Khasi-Jaintia Hills: A Traditional Healthcare Approach

Linda Bessy Lyngdoh

Department of History, NEHU, Shillong, Meghalaya

Abstract

This article delves into the traditional healthcare practices of the Khasi community, specifically focusing on their customs related to pregnancy, childbirth and the well-being of both infants and mothers. It provides an examination of the rituals and ceremonies associated with different stages of pregnancy. By doing so, the article aims to uncover the traditional healthcare methods utilized by the Khasi people for prenatal and postnatal care, emphasizing their deep integration with cultural beliefs. It explores practices such as prenatal massages, childbirth rituals designed to protect mothers from malevolent entities and postnatal naming ceremonies. The goal is to draw parallels between these indigenous approaches and modern medical advancements, highlighting the potential for holistic care for mothers and infants through their integration.

Keywords - Prenatal, Postnatal, rituals, *Tap Kpoh*, *Jer Khun*.

Introduction

Nestled in the picturesque Khasi-Jaintia Hills of Northeast India, the Khasi community boasts a unique cultural approach to prenatal and postnatal care. Their traditional healthcare methods incorporate a rich tapestry of rituals and ceremonies aimed at ensuring the health and prosperity of both the mother-to-be and the newborn. These customs are firmly grounded in their cultural heritage, placing significant emphasis on divine guidance and ancestral blessings. This article explores the Khasi-Jaintia Hills' cultural outlook on prenatal and postnatal care, offering insights into their time-honoured healthcare practices. It is crucial to remember that these rituals and ceremonies are practised and enforced since pre-colonial times (Gurdon, 1906) and continue to be carried out until the present (Nongspung, 2012)

Pregnancy is significant in Khasi society as it stems from their deep-rooted beliefs that developing life has an inherent value. From conception to birth, the

reverence and value for the unborn child is reflected in the sacred customs and passages associated with birth. It is a common belief among the Khasis that the Ancestress and the Godhead directly protect the unborn child (Mawrie, 1981). Such beliefs in which divine entities play a vital role in the growth and development of a human being is reflective of the spiritual worldview of the Khasis. *The Khasi Milieu* (Mawrie, 1981) describes the beliefs that emphasize such practices as abstinence from using derogatory language around or toward the unborn child. The Khasis consider the unborn child to be a manifestation of God's design, which underscores the foetus's worthiness and evokes the general admiration of the community. Such beliefs prohibit ill-treatment towards the child since it contradicts all core values the Khasi society upholds. Rather than stating the time of conception of their child, mothers are advised to refer to the rough period for which they have been taking care of the child (Mawrie, 1981) - a linguistic distinction that takes attention away from the act of conception to the act of caring. By shifting the focus from conception to a motherly act of kindness and caring for the unborn child, Khasi society fosters an environment wherein expectant mothers can nurture and look after the welfare of their unborn child. In addition to all the norms that people have to adhere to throughout the gestation period of a child, society as a whole treats pregnant women with much respect. There are measures in place that ensure their well-being, such as offering them nutritious food, preventing them from sleeping on the floor, exempting them from heavy work in order to safeguard their health as well as the health of their unborn child.

Survey of Literature

When it comes to understanding traditional conceptions of disease and the evolution of healing practices in the Khasi- Jaintia Hills, the works of Snaitang, (2010) and Passah (2009) are vital sources of information. Though the works include several discerning details about traditional healing practices and the involvement of traditional priests, they do not offer insight into midwives' contributions to providing healthcare services and other ceremonies performed during pregnancy. The need for sufficient information and exposition on the contributions of midwives is a gap in the existing literature on traditional healthcare practices of the Khasi- Jaintia Hills. Similarly, Bhat (1986) article contains a detailed insight into the conceptualization, causation, treatment and diagnosis of diseases in the Pnar community. However, it omits detailed discussions on the various rituals and cultural ceremonies associated with healing within the Pnar

community. The lack of emphasis on the above topics presents avenues for future research since they can deepen our understanding of comprehensive healthcare practices within the Khasi- Jaintia Hills. An interesting study on the realm of indigenous Khasi healers of Meghalaya called ‘Doktor Kot Doktor Sla’ (Albert and Green, 2019) presents distinct expertise through interviews and observations. It sheds light on traditional healing from a patient-centred approach and adaptations that fill gaps in the biomedical approach, highlighting the importance of localism in India’s pluralistic medical healthcare environment. In Ahmed and Borthakur (2005) records, we find a more precise focus on the various herbal remedies that are used in healing, along with a discussion on disease concepts.

In the work of Das (1994) we delve into a detailed introduction to the Khasi-Jaintia conceptualization of illnesses along with an extensive compilation of herbal remedies for several ailments. The list of remedies presented by Das (1994) encompasses herbal aids for ailments such as dysentery, poisoning and toothaches, in addition to remedies for pregnant women who experience pain in the later stages of their pregnancy, remedies to enhance fertility, address menstruation issues, ease labour difficulties and cease postpartum bleeding. Gurdon (1906) offers an academic outlook on the Khasi community by examining their religious practices, concepts of disease and the roles of divination in healing. Additionally, his book offers an in-depth analysis of cultural practices of pregnancy, such as the rituals and traditions associated with birth and the naming tradition, *Kaba Jer Khun*. Lyngdoh (2013) identifies three significant pregnancy practices that offer a glimpse into the cultural practices associated with the gestation period. Although insightful, Homiwell Lyngdoh’s account of rituals is inconclusive when it comes to understanding a broader spectrum of ceremonies, as indicated in the records of Mawrie (1981). The records and observations made by Mawrie emphasise gender restrictions imposed particularly on men during the pregnancy phase of their wives. To understand the gender roles imposed on women, we must consult the more in-depth analysis of this aspect in the work of Nongspung (2012). In a study conducted by Kharmujai et al., (2018) they identified and emphasised several factors that influence the choice of delivery location among rural women.

While several individual works address specific nuances of the ceremonies associated with childbirth in Khasi society, there is a pressing need for a more

comprehensive and thorough analysis. Ideally, an inclusive scholarly work must encompass all aspects of rituals and ceremonies of childbirth, including the role of the community, midwives and any further research that needs to be done in uncovering other traditional practices or ceremonies. Therefore, this article attempts to bridge such a knowledge gap through comprehensive studies that aim to compile all known childbirth ceremonies by ensuring a holistic understanding of their cultural significance.

Prenatal Beliefs and Pregnancy

As per the tenets of traditional Khasi culture, a pregnant woman is expected to follow certain rituals and a set of norms that dictate their behaviour and healthcare practices. Cultural norms advocate that a woman during her pregnancy should not try to separate herself from her husband, such as by seeking a divorce (Nongspung, 2012). She is also prevented from engaging in any activity that would distance herself from her husband. Ultimately, the norms highlight an inherent significance of marital and family unity in the Khasi culture and propose that the period of pregnancy should, in effect, strengthen the bond between married couples. During pregnancy, it is also crucial for fathers to be cautious and considerate in their actions. For example, when their wives are pregnant, men are restricted from handling red-hot iron since it is believed that this could cause purple or red birthmarks on their child's body (Mawrie, 1981). Additionally, men are also prevented from handling a gun, hunting or killing snakes (Mawrie, 1981). The stories of children born with deformities in Nongsteng and Mawlong because their fathers were impervious to these precautions further serve as a deterrent for most men from engaging in the activities mentioned above (Mawrie, 1981). Apart from potential actions that can jeopardise the health of their unborn child, it is believed that when women experience breathing difficulties during childbirth, it is caused by their husband engaging in adultery. Associating adultery with unnatural birth or complications during childbirth reflects a social emphasis on the sanctity of monogamy. The rituals and restrictions highlight interplay between social norms, cultural beliefs and medical knowledge, which shaped the Khasi society, understands of childbirth and pregnancy. The practices described in this section also reflect social restrictions and gender roles imposed on women and men, in addition to the health benefits and attention they get during childbirth.

The Sacred Ritual of *Ka Tap Kpoh*

Prior to reaching their ninth month of pregnancy, the Khasi community holds a *Tap Kpoh* ceremony that aims to promote and ensure the well-being of a pregnant woman. In addition to the *Tap Kpoh*, there are special arrangements, such as preparing different vessels, which are prepared by the time the mother nears her labour phase. The different vessels, including the *khiew saw* (Nongspung, 2012) for hot water, the *ktang sohpet* (Nongspung, 2012) for cold water, and the *khiew shynnai* (Nongspung, 2012) for the placenta, play a vital role in these preparations. The vessels themselves hold practical and cultural significance for the Khasis. During childbirth, they facilitate care practices such as cleaning and bathing a newborn and managing the placenta and the umbilical cord.

The ritual of *Ka Tap Kpoh* is a symbolic equivalent of the Consecration of a mother's womb, (Mawrie, 1981) believed to preserve the physical health of the mother and the child. *Ka Tap Kpoh* proceeds through several ceremonious steps, the most common of which involves sacrificing a hen (Mawrie, 1981) The hen chosen for the sacrifice must be prepared specially for the ritual, one of the requirements being that it should have spotless legs (Mawrie, 1981) regardless of its colour. Another requirement is that the expectant mother sits to the right of the person who performs the sacrifice and hands them the hen. After they thank God for his divine design that humankind follows for their posterity, the person performing the sacrifice interprets the signs presented by the intestines of the hen. It is a belief that the sacrificed hen's intestines indicate if God approves of the ritual. If the signs are not appropriate, the sacrifice is repeated.

The Khasis believe that a morbid phenomenon causes prenatal and postnatal deaths called the *ka iap tyrut ka iap smear*, (Mawrie, 1981) and one purpose of the *Ka Tap Kpoh* is to prevent it from happening. *Ka Tyru* (Ahmed and Borthakur, 2005) is the spirit of accidental deaths, and it is believed to cause misfortune to the family, which means women, especially pregnant ones, are advised not to attend the funerals of victims who died from such causes. Performing a *Mait Tyrut* (Mawrie, 1981) ceremony can supposedly clean a family of the *Tyru*. This involves offering a black hen (Mawrie, 1981) to the spirit to prevent further deaths from befalling the family or the community.

The Delivery Process and After

Traditional birth attendants (TBAs) are revered for their practices and services in the Khasi community. They are mostly experienced women who offer their assistance to expectant mothers throughout their period of pregnancy. They possess undocumented knowledge related to pregnancy. There is a belief that specific prenatal massages that they perform can help encourage the foetus to assume and maintain an optimal position, potentially facilitating an easier delivery (Kharshandi, 2023). Just as the comprehension of herbal remedies lacked formalisation or standardisation, the understanding of pregnancy followed a similar pattern. Rather than relying on formalised systems, it drew upon ancestral wisdom transmitted across generations, knowledge gained through apprenticeship, an intrinsic potential termed *kasap*, and practical experience accumulation (Albert and Green, 2019). Generations of practice have garnered them profound trust from the communities they serve.

Generally, in the Khasi society, women give birth in the comfort of their own house or the residence of a birth attendant, with the preference of the expectant mother taking precedence in deciding the place of birth (Mynsong, 2023). A birth attendant tends to a mother's need diligently over the entire term of pregnancy with the sole need of promoting smooth childbirth. There are several techniques that midwives employ during, before and after labour to promote accessible, painless childbirth. The techniques that they employ include massages, breathing techniques and the utilisation of a *jain sala* or cotton cloth for postpartum clean-up (Kharshandi, 2023). In some instances, a male healer might also assist childbirth through vocal encouragement that supposedly stimulates the birthing process through utterances of phrases such as 'come out, oh child of *Iawbei* (Ancestress), it is your time' (Nongspung, 2023). Although the current childbirth processes still honour the ancestral traditions, certain cases that present unforeseen complications are dealt with through hospital transfers.

There are several symbolic associations to traditions and practical hygiene needs in the post-birth rituals of Khasi birthing practices. Measuring a child's umbilical cord, which is extended from the right knee for male infants and the left knee for female infants (Nongspung, 2012) can be seen as an action that ascribes gender-specific characteristics to these infants shortly after their birth. To sever the umbilical cord, Khasis use a bamboo instrument (Nongspung, 2012) since it aligns with traditional practices and is also considered gentle and natural, although recently some have even

resorted to using blades. There are designated containers for the placenta, known as the *khiew ranei*, the positioning of which indicates respect and ensures traditional disposal of the placenta after birth.

Bathing rituals begin after placenta placement, and it involves using warm water, which is a result of blending the contents of both *khiew saw* and the *khiew umsohpet* containers. The TBAs perform this ritual. The separate blending process involved in the preparation of warm water shows how traditional rituals create a controlled bathing environment promoting the well-being of infants. Until the umbilical cord separates, the ritual uses only the specific water that is prepared in the *khiew saw* and the *ktang umsohpet* receptacles (Nongspung, 2012).

In the order of their precedence, the ceremony that follows the bathing ceremony is the *Jer Khun* or the naming ceremony (Mawrie, 1981). *Jer Khun* is of great importance in Khasi culture since; in addition to assigning an identity to a newborn, this ceremony appeases the *Dawiing*, a composite entity comprising the Godhead, Ancestress, Ancestor, Ancestral Uncle, and deceased close relatives (Mawrie, 1981). *Jer Khun* involves selecting a name through divination rituals which would ensure that the future of the child would be marked by happiness and good fortune.

A naming ceremony typically begins the following day after a child's birth, and one of the characteristic features of this ritual is that it uses symbols to establish the child's gender. As we mentioned in the previous sections, Khasi society emphasises the importance of gender roles through rituals associated with childbirth. Particular articles are placed beside the child in the naming ceremony, depending on their gender. The hearth keeps a sword, bow and arrow (Mawrie, 1981) if the child is a boy. If the child is a girl, *ka khoh* and *u star* (Mawrie, 1981) are placed there.

Since the Khasis believe in the possibility that they might offend the *Dawiing* if they pick a bad name for their child, they often suggest three options. The selection process is characterised by a step known as divination, in which the family consults the God of the Clan or Godhead. Several methods exist for divination, including egg-breaking, dropping bamboo or spilling liquor from a gourd (Nongspung, 2012). A sacrificer performs all these rituals in the presence of some family and friends. When spilling the liquor ritual, the sacrificer takes a plantain leaf (*'la kait*), places it on the floor, and sprinkles water on top of it. Then he takes another leaf and performs the

sacrifice, invoking God and the ancestors who have given birth to boys and girls for generations, asking for the baby's name. Once the ritual is completed, the parents reveal their name for their baby. The sacrificer pours some alcohol into a gourd and checks if it sticks to the mouth of the gourd. If it does not stick, he asks them to choose another name until the alcohol stays in the mouth of the gourd, indicating a proper name for the baby (Nongspung, 2012).

Finally, the sacrificer calls upon God, saying:

‘Hear and listen, oh God,

Whose name is secure and steadfast,

May the baby grow old and grow healthy’ (Nongspung, 2012).

Despite the several procedures in the naming ceremony meant to appease the gods and ancestors, people still have a lingering fear of offending the Godhead, Ancestress and other ancestors. If the Gods are not pleased, there is a potential that a composite *Dawing* associated with the child would be disrupted, thereby affecting the child's future. To address such concerns and to provide additional protection to the child, a supplementary ceremony called *ka Tap Lubri* (Mawrie, 1981) or confirmation ceremony, is performed.

A confirmation ceremony happens after a child has been assigned a name, and it involves presenting them with a new garment, such as a *jymphong* (Mawrie, 1981) for a boy and a *jain kyrshah* (Mawrie, 1981) for a girl. In a few cases, when people observe persistent illness (Lyngdoh, 2013) in the child after the naming ceremony, they associate it with the discontentment of spiritual entities. When an infant has health issues after the birthing ceremony, the *Rngiew* and *ka bok ka rwiang*, representing the child's spirit and soul, respectively, must be established on a firm foundation. The firm foundation here means they are given a name, supposedly giving them a new identity and peace in their spirits. In case the child still does not show any improvement in their health, they are entrusted to their paternal grandmother through a process known as *Ka Kyrbah Nongkha* (Mawrie, 1981). The paternal grandmother then assumes complete guardianship of the child. She offers prayers to God for the child's health, growth and prosperity. The *Ka Kyrbah Nongkha*, or surrendering of the child from one family

member to another, highlights the importance of intergenerational knowledge transfer and the role of elders in upholding cultural and religious practices.

In addition to the protection and guardianship of the Ancestress and the Godhead, the divine entities are also responsible for several occurrences in a child's early stages of development. For example, children pass solid stools when they have not yet consumed solid food- known as *ka eit iawbei* (Mawrie, 1981) or 'Ancestress stool,' and it supposedly establishes a connection between the child and the Ancestress. Similarly, when children spontaneously laugh or smile before they become self-aware, it is considered to be a response to the amicable interaction of the Ancestress, dubbed as the *rkhie iawbei* or *rain iawbei* (Mawrie, 1981). When a child moves their lips in a sucking motion when they are not being breastfed, people believe that the Godhead and the Ancestress are feeding the child. The observance of *ka eit iawbei*, *rkhie iawbei* and other interpretations of infant activities symbolises the spiritual presence of the divine in the child's life right from its inception.

In Khasi culture, divinity is also believed to take physical manifestations in stretch marks on the mother's belly or a head full of hair on an infant not older than one year. The stretch marks on the belly of the mother are considered to be *ka trud iawbei* (Mawrie, 1981) or 'Ancestress scratch.' The origin of hair on a child younger than a year is thought of as *u niuh iawbei* (Mawrie, 1981) or 'Ancestress's hair.' Cutting the Ancestress's hair is avoided until the child crosses one year since it is believed that cutting this hair would deprive the child of *ka rngiew*, a spiritual essence (Mawrie, 1981).

The birth of twins is considered bad luck in Khasi culture since it is often interpreted as the Godhead's displeasure and the disruption of the *Ka Dawiing*. Twins are therefore treated with absolute equality, and much attention goes into ensuring equal treatment at home and outside, including getting similar garments, food and care. It is believed that any inequality in treatment may jeopardise their lives, potentially leading to the demise of one of the twins.

Challenges and Preservation

Empirical research conducted in Bhoiryimbong in 2016 reveals that the majority of women in Meghalaya (52%) opt for a TBA-assisted birth (Mawrie, 1981) While

traditional Khasi customs and ceremonies related to childbirth among those following the traditional Khasi religion remain intact, the choice of TBAs as a delivery method is a personal decision made by mothers, regardless of their religious affiliation. The preference for delivering their children at home is higher among mothers residing in rural areas, averaging around 61% (Kharmujai et al., 2018). The study concludes that the choice of mode of birth depends on external factors such as financial limitations, concerns about out-of-pocket expenses, restricted access to roads and modes of transportation, distance of healthcare facility from home, the sense of privacy, safety and comfort at one's house and the ability to tend to any manageable household matters, such as taking care of older children; and limited awareness of healthcare programs such as the Janani Suraksha Yojana (JSY), Janani Shishu Suraksha Karyakram (JSSK) or Meghalaya Maternity Benefit Scheme (MMBS) (Kharmujai et al., 2018). In some cases, the perceived indifference and seemingly callous behaviour of health professionals impact the preferred mode of delivery (Kharmujai et al., 2018).

One major drawback of choosing one's house as the place of delivery is that, unlike hospitals or other medical institutions, a house is not equipped to handle birth-related complications. Due to the lack of institutionalised training, TBAs typically need to gain the expertise or knowledge to address or manage potential complications during childbirth. As a result, some cases are transferred to hospitals for medical intervention, which poses a risk of potential delays in procuring institutional intervention. Further, TBAs are not trained in universal hygiene practices or protocols. For example, some TBAs use aged bamboo to sever the umbilical cord, while others choose a new or old blade that is sterilised through boiling (Kharmujai et al., 2018) risking contracting tetanus.

To address challenges in TBA-assisted births effectively, a multifaceted approach is crucial. First and foremost, specialized training programs must be instituted for TBAs. These programs should focus on equipping TBAs with the necessary skills and knowledge to handle potential complications during childbirth. Emphasizing universal hygiene practices and safe procedures is vital to mitigate infection risks like tetanus. Regular refresher training programs, conducted in collaboration with healthcare professionals, should also be offered to ensure that TBAs stay updated on best practices. In parallel, increasing awareness among expectant mothers and their families about government healthcare programs is of paramount importance. Initiating informational

campaigns in rural areas can ensure that mothers are well-informed about the benefits and support available through programs such as JSY, JSSK and MMBS. Moreover, creating incentives for institutional deliveries through these schemes can motivate more mothers to opt for healthcare facilities when giving birth. Furthermore, improving accessibility to healthcare facilities in rural areas is a critical step. This can be achieved through investments in better roads and transportation options, as well as an increase in the number of healthcare centres. Simultaneously, it is essential to ensure that these healthcare facilities are adequately staffed with trained professionals who can provide quality care during childbirth. Addressing concerns related to the safety and comfort of hospitals is also crucial to encourage mothers to choose institutional deliveries confidently. Another significant aspect is the attitudes of healthcare professionals. Sensitization and empathy training should be implemented to enhance their interactions with expectant mothers and their families. By treating mothers with respect and compassion, healthcare providers can significantly influence their choice of delivery location. A supportive and caring attitude from healthcare professionals can go a long way in building trust among expectant mothers. Moreover, to reduce the risk of infections, including tetanus, it is crucial to promote proper hygiene and infection control practices. Providing sterile birth kits to TBAs and training them in their proper use is essential. Additionally, TBAs should be encouraged to use safe and sterile tools for procedures like cutting the umbilical cord. These measures can significantly enhance the safety of home births and reduce infection-related risks. Lastly, the implementation of a robust system for monitoring and evaluating the performance of TBAs, healthcare facilities, and the overall maternal healthcare system is vital. Data and feedback gathered through this system can inform policy decisions and help identify areas that require improvement. Continuous assessment and refinement of strategies will ensure the effectiveness and sustainability of efforts to promote safer and more informed choices for expectant mothers in Meghalaya.

Choosing institutional healthcare facilities for childbirth should not be seen as a complete replacement for traditional birthing ceremonies and practices. It is essential to find a balance between offering high-quality, safe healthcare services to mothers while preserving cultural traditions. For example, some mothers have already shown a willingness to embrace aspects of modern healthcare, such as seeking pre-birth

massages before delivering in a hospital (Kharshandi, 2023). To achieve this cultural preservation, collaborative efforts are crucial in creating a healthcare system that combines the holistic approach of Khasi traditions with the reliability of modern medical practices. This collaboration should involve traditional healers, healthcare professionals and policymakers.

Conclusion

The significant insight drawn from the traditional practices surrounding prenatal and postnatal care in the Khasi-Jaintia Hills is the profound sense of familial, cultural, and community bonds they foster. These rituals, intricately woven into infancy, childbirth, and post-birth ceremonies, exemplify the deep commitment of the community to support and nurture the child as they embark on their life journey. What makes these practices truly captivating is their potential to complement modern maternal healthcare services while safeguarding the safety of both the mother and child. While modern healthcare practices continually advance to enhance pregnancy outcomes, the traditional beliefs offer a holistic approach that encompasses not only the physical health but also the emotional and cultural well-being of the mother and child. In this harmonious blend of tradition and progress, we witness the beauty of a community's collective effort in preserving their heritage while embracing the benefits of contemporary healthcare.

References

- Ahmed, A.A. and Borthakur, S.K. (2005). *Ethnobotanical Wisdom of Khasis (Hynniw Treps) of Meghalaya*, Bishen Singh Mahendra Pal Singh, DehraDun, India.
- Albert, S., Porter, J. and Green, J. (2019). Doktor Kot, Doktor Sla- Book Doctors, Plant Doctors and the segmentation of the Medical market place in Meghalaya, NorthEast India, *Anthropology and Medicine*, 26: 159-176
- Bhat K. H. (1986). Concept of Health and Disease among the Pnars of Meghalaya, in Chaudhuri, Buddhadeb (ed.) *Tribal Health: Socio- Cultural Dimensions*, Inter-India Publications, New Delhi.
- Das, D. (1994). *Khasi and Jaintia Medicine*; Dhrupad Publishers, Guwahati
- Gurdon, P. R. T. (1906). *The Khasis*, Low Price Publications, Delhi.

Exploring Cultural Views on Prenatal and Postnatal Care in the Khasi-Jaintia Hills: A
Traditional Healthcare Approach

- Kharmujai, O. M., Lynrah, W, Soukhrie, N. U. and Sarkar, A. (2018). Factors influencing the place of delivery in rural Meghalaya, India: A qualitative study, *Journal of Family Medicine and Primary Care*, 7: 98-103.
- Kharshandi, J. (2023): Personal interview taken by the author
- Lyngdoh, H. (2013). *Ka Niam Khasi. Ri Khasi*, Book Agency, Shillong.
- Mawrie, H. O. (1981). *The Khasi Milieu*, Concept Publishing Company, New Delhi
- Mynsong, E. (2023). Personal interview taken by the author
- Nongspung, N. (2012). *Ka Jingieit Ha la Ka Niam, Ka Niam Suk Tynrai Nylla U Hynniewtrep Khyndai Skum*, Shillong.
- Nongspung, N. (2023). Personal interview taken by the author
- Passah, A. N. (2009). *Christian Missions in the Khasi-Jaintia Hills: Health Care and Impact on Society*, in T. B. Subba, Joseph Puthenpurakal and Shaji Joseph Puykunnel (eds.), *Christianity and Change in North East India*, Concept Publishing Company, New Delhi.
- Snaitang O. L. (2010). *Christian Medical Missions in North-East India, Man and Society: A Journal of North East Studies*, Vol. VII, Indian Council of Social science Research, North Eastern Regional Centre, Shillong, Winter.