

# Exploring Women's Health Care Facility in Meghalaya: Special Reference to Khasi, Jaintia and Garo Tribes

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## ABSTRACT

Meghalaya is a beautiful place covered by Hilly area of North East India. People face very challenges to reach the health services because of transportation and other means of communication. Meghalaya's health care system for women represents interplay of traditional health practices, matrilineal social systems and contemporary medical and health services. While the state, compared to other regions, enjoys a relatively empowered status for women, challenges continue to persist regarding accessibility, awareness, and infrastructure, especially in the rural and tribal areas (Srivastava, A et.al; 2015). Focus of this study will be on identifying and analyzing the health care system among women, Meghalaya. Present study further examines women's health care in Meghalaya, availability of maternal and reproductive health services, prevalence of health problems like anemia, malnutrition, and the function of traditional healers in the community and the health system. The study mentions government programs like Janani Shishu Suraksha Karyakram (JSSK) and supported by Accredited Social Health Activists (ASHAs) while navigating through the gaps in implementation and service delivery. Socio cultural, geographic isolation, and economic barriers are discussed as important determinants affecting the access of women to quality health care. The present study is based on secondary sources like the government data, NGO's activities on health, information from Google Scholar to analyze the health care system among women in Meghalaya. Findings point toward the necessity of integrated approaches combining modern medicine and health care system with culturally sensitive outreach programs guaranteeing unbiased and inclusive health care for women in Meghalaya.

**Keywords:** Women, maternal health, reproductive health, traditional medicine, matrilineal society, Diseases, PW, Meghalaya

## INTRODUCTION

Meghalaya is a state which is part of Northeast India which considers the "Abode of Clouds" due to heavy monsoon and home of clouds. There were different cultural heritage and vast amount of language spoken which signifies the diversity in the state. It is situated north of Assam and south close to Bangladesh. There are mainly three tribes in Meghalaya which include Khasi, Jaintia and Garo. Though most of the state follows the patrilineal society where most of the property moves from the father to the family members. Meghalaya is matrilineal society where a woman holds the authority in the property and the finance. A woman holds the right in terms of getting the lion's share in the family.

Several public health facilities have been introduced like PHCs, CHCs and sub-centres, Women and Child Hospitals and District Hospitals which gives various awareness programs in terms of malnutrition and providing support and treatment to young women. The ASHA (Accredited Social Health Activists) are health workers which play a role in a gap between maternal health and women from rural areas. There is still lot of traditional healers like Ayurvedic which is still practicing in various household in the village. In Khasi language (Nongai Dawai) who is a traditional healer is still a permanent healer for treating any person like

pregnant women and old people.

“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (World Health Organization (WHO) et. al; 1948). Maternal Health helps to address women living in

rural areas have poor socio-economic conditions and, therefore, low access to proper health care results in the ill health of the children and suffers the capacity of mothers to lead full, productive lives both inside the household and in the society.

### Statement Of The Problem

The health status of women can therefore be measured using various indicators, and different culture and socio-economic status can influence the interpretation of these indicators. Socioeconomic factors have an important influence on women's health. The contributions of malnutrition, lack of proper health education, and lack of treatment for diseases go a long way in denying rural women healthcare resources. Women living in rural areas have poor socio-economic conditions and, therefore, low access to proper health care that results in the ill health of the children and suffers the capacity of mothers to lead full, productive lives both inside the household and in the society. In simple words, one common goal for maternal and child health nursing care can be described as the promotion and maintenance of family health in an optimal way, so as to ensure optimal cycles of childbearing and childrearing. Keeping these mind the researcher wanted to study about the health facilities of Meghalaya. The statement of the problem is “women’s health care facility in Meghalaya: an analytical study.”

## REVIEW OF LITERATURE

**Momin, B., & Dutta, P. (2021)** has conducted a study on the maternal health- care infrastructure in Meghalaya, a state in Northeast India. The state at present had a huge amount of population of 2,964,007 (Census 2011) where the state give full important to two public District Hospitals which are maternal health services- the first one is the East Khasi Hills District and the other one in West Garo Hills District. The method done on this study is through hospital- based mixed method which is carried out to recognize the problems faced by women at the time of maternity period to assess and available of maternal care for women in Meghalaya. The researcher conducts an interview on 80 pregnant women who are admitted in two District hospitals of Meghalaya. The study done found out those women who are from rural areas admitted in hospital did not receive any medical attention from clinics and dispensary. The study also reveal that women coming for health check up suffer from various problems like travelling bad road, no proper public transport and economic issue. To help lift up the health system in Meghalaya especially in the rural areas, the Government had introduced various schemes for women and rebuilding the infrastructure for handling issue of maternal care in Meghalaya.

**Nongdhar, J., Vyas, N., Rao, P. A., Narayanan, P., & Pala, S. (2018)** has done a study on Antenatal care (ANC) as one of the basic components where it provide pregnant women with a broad scope of health improvement and preventive health services. There are 830 women who died every year due to preventable pregnancy, and 99% occur in developing countries, from which 20% of these death happen in India. The objective of this study is to explore different factors influencing mother’s reproductive health services to find any relation between various factors and reproductive health services. A study has been conducted in cross sectional in January – June 2017 in 160 mothers who gave birth to babies with an age of 6 months in Mawkyrwat Block, South West Khasi Hills District in Meghalaya. The data which is collected from the village area is done through questionnaire. The results which are analyzed found out that four or more antenatal checkup were 10.6%, where 53.5% of the pregnant women registered their first ANC checkups in the second trimester and the other 57.5% were home delivery. The study done by the researcher found that there was less utilization of the health care. There should be adequate health camp and dispensary to help improve the reproductive health services.

**Nakel, M. P., & Gattani, P. L. (2015)** did a study on the role of Accredited Social Health Activist (ASHA) in promoting maternal health services. The government of India implements the National Rural Health Mission (NRHM) on 5<sup>th</sup> April, 2005. The most important components of NRHM are to trained the female health

activist. The objectives of NRHM: 1) to analyze on the role of ASHA in promoting institutional delivery. 2) To conduct study on the control of ASHA for promoting maternal health services. The study done was undertaken from two village health centre in Aurangabad District. There were a total of 659 respondent women and 26 ASHAs who were interviewed for collecting data. There was 799 birth from 2007 to 2012, out of which 28.03% were home deliveries and 71.9% were hospital deliveries. The result found that there was no difference between home delivery and hospital delivery which did not involve ASHA as compared to those with ASHA. The study found that many of the hospital delivery are higher in women promoting ANC.

**Z Dutamo, N Assefa , G Egata (2015)** investigated on the Maternal health care in Ethiopia in married women which found out that maternal health should be adopt properly for women who are in pregnancy period to save childbirth from internal death. There has been claimed that Maternal health service drop out due to lack of support which is not known. The main aim of this study is to recognize how maternal health service can develop the course of pregnancy and child birth. The method conducted in this study is based on cross-sectional quantitative on 623 women at Hossaian town, South Ethiopia 2014. A questionnaire was used to generate quantitative data using Focus Group Discussion (FGD). It had been found by the researcher that 87.6 % of women attended one antenatal care (ANC). There are 546 women who attended ANC, out of which 61.3% made the first visit during the second and third trimester of pregnancy and the other 49% had less than four antenatal visits. The study also found that 62.6% were delivered by skilled practitioner and 51.4% received one postnatal check up. Even when the maternal health care system in Ethiopia is high still they are not adequate. Educating young women to help them engage in reproductive health affairs, strengthen the maternal health care services which reduce early pregnancy and prevent danger in child death.

**Falkingham, J. (2003)** has done a study on the inequality and changes in women's use of maternal health care services in Tajikistan which found significant changes in the maternal health care resulting in the inequality of access to that care. There is a link between poverty and women's educational status and maternal health- care are investigated. The survey found that there is decline in the use of maternal health care in Tajikistan. The study shows that there is a change in the area for delivering birth which shifts from the medical facility to home delivery. Women who are poor face home delivery more than rich caused of untrained assistant.

## METHODOLOGY

The present study has been done on the basis of secondary sources like government data, NGO's activities on health, information from google scholar to analyze the health care system among women in Meghalaya.

### Objectives

1. To identify the health care institute in Meghalaya
2. To analyze the health care services in the health institute among women in Meghalaya

### Delimitation of the Present Study

The study was limited to institutional services only. Data were collected from secondary sources and hospital related data only. No information were collected from community level. No focus group discussion were conducted to know the real fact of rural women and children. Secondary data were collected from district hospitals only, no data were analyzed beyond the district hospitals i.e.Primary health center, CHC or sub centers.

### Health care Institute in Meghalaya

There are 12 government hospitals across the state of Meghalaya

**Table 1.1** Health care Institute in Meghalaya

District	Name of the Hospital
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1. Eastern West Khasi Hills	Tirot Sing Memorial Hospital - Mairang
2. East Garo Hills	Williamnagar District Hospital
3. East Jaintia Hills	Khliehriat District Hospital
4. East Khasi Hills	Ganesh Das Government MCH Hospital
5. North Garo Hills	Resubelpara CHC
6. Ri bhoi District	Nongpoh District
7. South Garo Hills	Baghmara District Hospital
8. South West Garo Hills	Ampati District Hospital
9. South West Khasi Hills	Mawkyrwat District Hospital
10. West Garo Hills	Tura Government MCH Hospital
11. West Jaintia Hills	Jowai MCH Hospital
12. West Khasi Hills	Nongstoin District Hospital

### **Government Schemes in Meghalaya**

The Government, both at the Central and State level, have implemented various schemes with regards to improvement of maternal health. These schemes aim at pushing state and nation, towards achieving the various national goals as set by the National Health Policy (2017) and the global goals under the Sustainable Development Goals (Goal 3). The Government schemes for improvement of maternal health include:

#### **Janani Shishu Suraksha Karyakaram (JSSK)**

Government of India has launched JSSK on 1st June, 2011, which entitles all pregnant women delivering in public health institutions to absolutely free and no expense delivery including Caesarean section. The

initiative stipulates free drugs, diagnostics, blood and diet, besides free transport from home to institution, between facilities in case of a referral and drop back home. Similar entitlements have been put in place for all sick newborns accessing public health institutions for treatment upto 1 year after birth.

**Janani Suraksha Yojana (JSY)** Janani Suraksha Yojana (JSY) or The ‘Safe Motherhood scheme’ was introduced in 2005, under the National Rural Health Mission (NRHM), in which the poor and marginalized women are provided with an encouragement for delivering their child in public health facilities. It is a conditional cash transfer scheme to promote institutional delivery in order to reduce mother and child deaths.

### Meghalaya Health Insurance Scheme (MHIS)

Meghalaya Health Insurance Scheme (MHIS): Launched on 15th December, 2012. It is a universal health insurance scheme (UHS) in the State of Meghalaya, utilizing the existing Rashtriya Swasthya Bima Yojana (RSBY) framework to provide health insurance people from Meghalaya in maternal health care to 1.6 lakhs especially pregnant women. Its objective to provide economic aid to all the citizens of the state admitted in hospital to reduce the financial problem for people from rural area. The MHIS introduced various surgical and secondary care which include critical care, oncology and other essential tertiary packages.

### Analysis of health care institute among women in Meghalaya

**Table .1** shows the total number of health care institute for women and women admitted in hospital of different age group.

S.No	DISTRICT & FACILITY	IPD-FEMALE CHILDREN <18 YEARS	ADULT FEMALE <60YEARS
	EASTERN WEST KHASI HILLS		
1	Tirot Sing Memorial Civil Hospital	1024	4501
	EAST GARO HILLS		
2	Williamnagar Civil Hospital	321	2625
	EAST JAINTIA HILLS		
3	Khliehriat District Hospital	902	1712
	EAST KHASI HILLS		
4	Ganesh Das Govt.MCH Hospital	1596	13082
	NORTH GARO HILLS		
5	Resubelpara CHC	177	638
	RI BHOI DISTRICT		
6	Nongpoh Civil Hospital	904	3653
	SOUTH GARO HILLS		
7	Baghmara District Hospital	326	1047

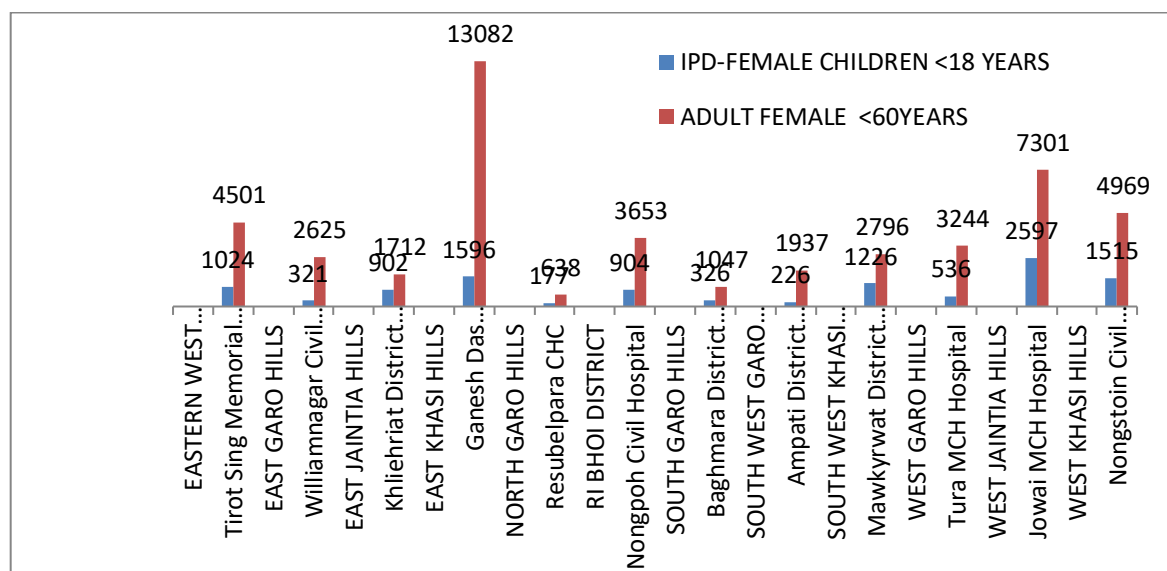
	SOUTH WEST GARO HILLS		
8	Ampati District Hospital	226	1937
	SOUTH WEST KHASI Hills		
9	Mawkyrwat District Hospital	1226	2796
	WEST GARO HILLS		
10	Tura MCH Hospital	536	3244
	WEST JAINTIA HILLS		
11	Jowai MCH Hospital	2597	7301
	WEST KHASI HILLS		
12	Nongstoin Civil Hospital	1515	4969

**Source:** HMIS Dashboard Report FY 2024-25 MOTHER APP portal

**Table 1** represent the total number of health care institutes for women where Ganesh Das Govt.MCH Hospital situated in Shillong have more women of 60 years admitted in hospital followed by Jowai MCH Hospital .Whereas Jowai MCH Hospital from Jowai have more female children under 18 years of age admitted in hospital followed by Ganesh Das Govt.MCH Hospital from Shillong.

**Fig-1** Shows the District Wise Health care Services in Meghalaya

**Fig-1** shows the total number of health care institute for women and children attend in district hospital .



**Table 2:** Shows the infection wise distribution of women Admitted and treated in the hospital in Meghalaya.

S.N	Infection	Admitted			Treated		
		Khasi	Jaintia	Garo	Khasi	Jaintia	Garo
1	Anemia	2305	2305	1153	233	233	117
2	Pregnancy	18312	18312	9157	9905	9905	4953



3	TB	181	181	91	37	22	10
4	Surgery Done	2305	2305	1153	1297	1297	648

Table 2 presents the number of women are admitted and treated in hospital for Khasi, Jaintia and Garo tribe infection wise, like anemia, pregnancy, tuberculosis and surgery being done. It is found that women are admitted and treated in the hospital with pregnancy related issues. It is observed that women from Khasi, Jaintia have the highest number of pregnancy being treated while Garo it is less. Tuberculosis is a highly threaten disease which affects many parts of the body is been treated in hospital. It is found that women from Khasi and Jaintia tribe are admitted more for TB infection and treated in hospital Table reveals that number of surgery done maximum treated were from both Khasi and Jaintia, whereas, Garo women are minimum that coming for surgery.

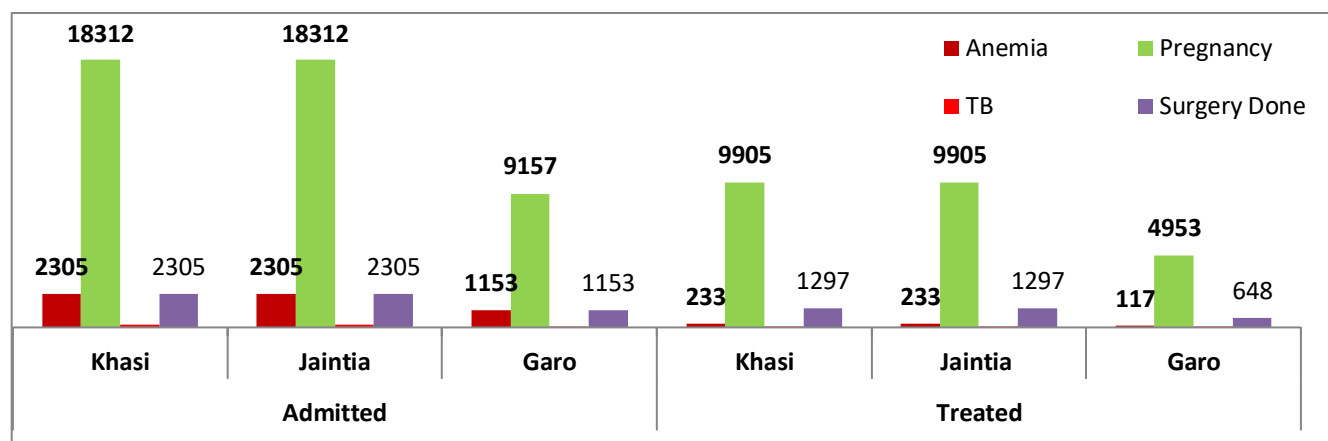


Figure 2 shows the percentage-wise of women admitted and treated for Khasi Jaintia and Garo on anemia, pregnancy tuberculosis and surgery been done. It has been reveal that the highest women admitted in hospital for anemia, pregnancy, surgery and tuberculosis has been found in both Khasi and Jaintia while Garo it is less in number. It also shows women treated in hospital for pregnancy has been found in Khasi, Jaintia and Garo, where the highest women treated was found in Khasi and Jaintia while women were treated very less in Garo.

**Table: 3** Shows the Man power and Services of Hospitals

S.No	District & Facility	No. Of Doctors	No of Nurses	Number of Surgery Done	Number of Deliveries of PW
	EASTERN WEST KHASI HILLS				
1	Tirot Sing Memorial Civil Hospital	16	50	87	2173
	EAST GARO HILLS				
2	Williamnagar Civil Hospital	30	4	15	1134
	EAST JAINTIA HILLS				
3	Khliehriat District Hospital	16	40	150	900
	EAST KHASI HILLS				
4	Ganesh Das Govt.MCH	73	180	800	7938

	Hospital				
	NORTH GARO HILLS				
5	Resubelpara CHC	24	3	100	151
	RI BHOI DISTRICT				
6	Nongpoh Civil Hospital	21	30	300	1562
	SOUTH GARO HILLS				
7	Baghmara District Hospital	18	50	200	412
	SOUTH WEST GARO HILLS				
8	Ampati District Hospital	30	20	200	694
	SOUTH WEST KHASI Hills				
9	Mawkyrwat District Hospital	25	45	240	1128
	WEST GARO HILLS				
10	Tura MCH Hospital	71	125	400	2042
	WEST JAINTIA HILLS				
11	Jowai MCH Hospital	40	46	600	4533
	WEST KHASI HILLS				
12	Nongstoin Civil Hospital	20	50	150	2096

**Man  
power  
of**

## Hospitals

Table 3 shows the man power of district hospitals in Meghalaya, where different facility are having number of doctors, nurses, surgery being done and deliveries for pregnant women. It shows the increase in the number of doctors and nurses in Ganesh Das Govt MCH Hospital due to high infrastructure, building which requires more employees. It also shows the number of surgery being done and labor delivery for women which is slightly increasing in Ganesh Das Govt MCH Hospital compare to other hospitals.

**Fig: 3** Shows the Man power of Hospitals

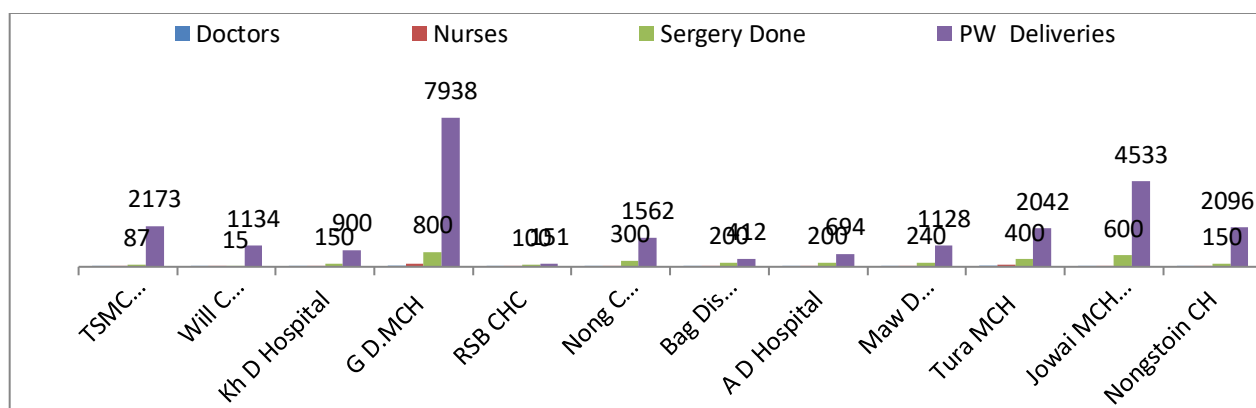




Figure 3 shows the percentage manpower of hospital in Meghalaya, where in Shillong, Ganesh Das Govt.MCH Hospital is having the highest number of labor delivery being done while, Jowai, Jowai MCH Hospital having the decent amount of labor delivery in hospital. There are number of doctors and nurse available in the hospital where Ganesh Das Govt.MCH Hospital is having the maximum number in total, whereas, Resubelpara CHC is having minimum number in both categories. The figure also indicates that there was also increase in number of surgery done for women in Ganesh Das Govt.MCH Hospital have got the highest number of women admitted for surgery.

## CONCLUSION

From the above discussion it can be concluded that , in spite of having matrilineal system, many women especially in remote areas still suffer from early pregnancy, low nutrition and home delivery due to lack of hospital and professional doctors and nurses in Meghalaya. Urban women are able to enjoy the modern medical services in Shillong and Jowai, however the rural women are still deprived from the modern medical health facilities. Government has implemented various schemes for women like the Janani Suraksha Yojana (JSY) and Meghalaya Health Insurance Scheme to reduce the ignorance and cultural believes which avoid service delivery. Women still face problem till today in various parts of Meghalaya as well as in India due to lack of support from family members which leads to drop out from school and financial issues. The Maternal Health gives inclusive equitable support to young women and child to prevent any sickness like anemia, malnutrition, TB and home delivery.

## SUGGESTION

The suggestion need to be improving is the infrastructure in Meghalaya especially in rural areas as lack of proper cleans sanitary for patients which prevent various sicknesses like typhoid, tuberculosis in the hospital.

- To prevent infection from TB, government should emphasized on nutritional services to the women and children.
- There should be qualified doctors and nurse need for treating patients in terms of operation for pregnant women, surgery and tuberculosis.
- The government should try to implement various schemes for pregnant women in less privilege areas like Garo hills as there are fewer amounts of patients admitted in hospitals.
- Bhattacharyya and Pala (2012) in their study in East Khasi Hills Districts found that there is problem for patients in the distance towards the health institutions which creates a barrier.
- As Sarkar et al. (2018) showed that patients from rural areas are having problems in getting treatment from hospital in Shillong especially pregnant women due to finance, workload family pressure and bad road which result to home delivery.
- Government should address the suggestions given by the researchers as per the issues.

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