

WOMEN'S PERCEPTION OF REPRODUCTIVE ILLNESS IN MANIPUR

Pebam Krishnakumari¹ M C Arunkumar²

¹Post Doctoral Fellow, Department of Anthropology, Manipur University

²Associate Professor, Department of Anthropology, Manipur University

Abstract: Perception of reproductive illness by the women themselves is important in understanding the women's reproductive health in a particular society. It also indicates the possibility of taking perception as a tool for measuring reproductive illness. Though women do not have a "germ theory" to explain their reproductive illness they have a sense of illness pathology. Reproductive illness perceived by women is related to physical symptoms and situations in a network of meanings and different meanings are socially generated to articulate their experiences.

An illness is the meaning that women give to health and refers to a person's perception and experiences of certain socially disvalued status. The meaning of health needs to be recognised for achieving an analytical understanding of the process of production of health as a basis for any realistic and comprehensive effort to improve health condition in the community. Thus, it underscores the need to incorporate women's perception of their illness to design a culturally sensitive health programme. This paper is an endeavour to bring into light how women in Manipur perceive "women's illness" such as vaginal discharge, menstrual problem etc., their perceptions of the seriousness of different women's illnesses.

RESPONSIBILITY CUM JEOPARDY

Reproductive health of women is an indispensable ingredient of human and a major determinant of human development. Biologically speaking, it is woman who is pregnant and who gives birth. This biological ability of woman affects her status, her position in economy, power in the family and society and even the feelings and emotions. It may also be seen as the root cause of being oppressed, a barrier to her participation in the affairs of the community, an obstacle to personal fulfilment as well as the cause of intense pain and anxiety. However, the visualisation of her reproductive calibre at any given moment in her life is for almost every woman an intimate, basic part of her physical existence and her sense of self, complemented with often disastrous health consequences. There is always risk of disease or bodily harm that can be culminated from sex, pregnancy, childbirth and the means used to facilitate, prevent or control them. Illness and death from complication of pregnancy, childbirth, unsafe abortion, disease of the reproductive tract and the improper use of contraception method tops the list of reproductive health threats to women worldwide (Jacobson, 1991; United Nations, 1995; WHO, 1995). As a Medical Anthropologist, our sole goal is to ensure a greater degree of health security of women by exploring out the handicaps and disabilities of women in a society enabling a woman to take up their responsibility sans jeopardy.

MEANING OF HEALTH

The meaning of health is culturally defined. Therefore, understanding of the women's perception of reproductive health is a *sine qua non* in order to give a holistic representation of women's health. Here, understanding the conceptual distinction between "disease" and "illness" becomes essential. The concept of disease has historically been the most dominant category; it has a

biological interpretation and refers to abnormalities in the structure or function of organ and organ systems, pathological states whether or not they are culturally recognised. Health, as a felt experience of the individual, provides another meaning which is embodied in the term "illness". Thus, illness is the meaning that individual give to health and refers to a "person" disvalued states including but not limited to disease (Young, 1982). Illness is the individual's consciousness that there is something wrong (Frankenberg, 1980). Thus, disease in the western medical paradigm is malfunctioning or maladaptation of biologic and psycho physiologic processes in the individual, whereas illness represents personal, interpersonal and cultural reactions to disease and/or discomfort. Illness is shaped by cultural factors governing perception, labelling explanation and valuation of the discomforting experience, processes embedded in a complex family, social and cultural nexus. Because illness experience is an intimate part of social systems of meaning and rules for behaviour, it is strongly influenced by culture: it is, as we shall see, culturally constructed (Kleinman, Eisenberg and Good, 1978).

Reproductive illness is not only biological but also is embedded in a web of psychological, economic, political and social factors. There is gross lack of information on socio cultural context: values, customs and social status, the socialisation processes and the concept of sexuality were not adequately explored. Different society encounter, define and experience reproductive health problems biologically as well as culturally. Different cultures define reproductive illness in different ways; what is recognised as reproductive illness in one may not be so in others. For this paper, reproductive illness refers to the illness which women perceive as related to their sexual and reproductive organs and function.

Perception of reproductive illness by the women themselves is important in understanding the women's reproductive health in a particular society. It also indicates the possibility of taking perception as a tool for measuring reproductive illness. Though women do not have a "germ theory" to explain their reproductive illness they have a sense of illness pathology. Reproductive illness perceived by women is related to physical symptoms and situations in a network of meanings and different meanings are socially generated to articulate their experiences.

All system of knowledge is socially constructed. An illness is the meaning that women give to health and refers to a person's perception and experiences of certain socially disvalued status. The meaning of health needs to be recognised for achieving an analytical understanding of the process of production of health as a basis for any realistic and comprehensive effort to improve health condition in the community, as it has a direct bearing on the treatment seeking behaviour. It is high time to look at the "felt needs" of the reproductive health of women.

RETROSPECT OF RESEARCH ON PERCEPTION OF REPRODUCTIVE ILLNESS

Medical Anthropology has hitherto been conceived of as a tool for investigating and explicating local perspective on reproductive health. Medical Anthropologist has always tended to describe cultural variation in health belief system, emphasizing on people's own description and experience of reproductive health and illnesses within local cultural system.

Way back in 1980's Medical Anthropologist's ethnographic work primarily focus on fertility and childbirth. Mac Cormack (1982) edited a collection of essays on the cultural

construction of fertility and birth in countries ranging from Sri Lanka, New Guinea, Ghana, Britain to demonstrate a wide range of cultural rules and social practices that exist in all societies and influence fertility and childbirth. In India, Jeffery et al. (1981) laments out the women's voices reflecting on their experiences of childbearing and provided an accessible and existing reassessment of women's role in an agricultural society traversing a women's life from the time they marry via the moment they enter their husband's household till they give birth. Nichter (1981) examined the cultural notion of fertility in Sri Lanka and their impact on family planning practices, as well as the ethno physiology and food consumption practices during pregnancy in South India.

In 1990s health research began to focus on women's perception of reproductive health. Younis et al. (1993) assess the level of reproductive morbidity in Egypt and examine the social context of women's health and attempt to understand women's report of illness in this context. In India, Bang and Bang (1994) made an exploration of the perceived causes of white discharge and examined the perceived effect. Pachauri and Gittelsohn (1994) constructed an ethno medical model of women's illnesses throwing considerable light on Indian women's perception of their health. Oomman (1996) in her study in Rajasthan village emphasized on women's reproductive morbidity within its socio-economic and cultural context. She also developed an ethnomedical model on the basis of women's perception of severity of "women's illness" which include *dholapani* (discharge), *kapdaro bimari*(menstrual problem) and *sharir bahar aave*(prolapse).

In 2001 Boonmongkon et al. documented from South East Thailand, women's experiences of gynaecological complaints linked to the "uterus" (*mot luuk*) through cultural reasoning. Kaddour et al. (2005), elicit the definition of the concept of reproductive health among women in three communities around Beirut, Lebanon. In 2008, Mairiga et al. conducted a study to find out community's knowledge and perceived implications of maternal mortality and morbidity in two urban and two rural communities in Borno state, Nigeria. The community members' perception on ways to prevent the scourge was also explored. This paper will focus on Andro women's perception on illnesses related to their sexual and reproductive organs and function such as *phingou chatpa* (vaginal discharge), *mangbaga mari leinaba anaba* (menstrual problem) and *angangkhaio nanthaba* (prolapse).

METHODOLOGY

This paper will emphasize on women's perception regarding reproductive illness utilizing research findings among women in Andro, Manipur. The data reported here were collected during field work which was conducted in between July 2004 to January 2005, updated in 2011. To get a general perception of women regarding common prevalent illnesses amongst them, free listing technique was used. This method was used to determine the items which make up the domain of illnesses which only women get. Pile sorting facilitated in proving the combination of illnesses which respondents felt were generally linked. This technique was used to provide a cognitive idea regarding perception of aetiology, specific symptoms and progression of illnesses. Key informant interview were conducted among old women, traditional healer and *maibi's* of the community to collect information regarding women's illness, causes, childbirth, menstruation, sexual behaviour, food taboo, women's work etc. Women's group like *Meirapaibi*, *Nishabandh*, *Mahila*

mandal and traditional birth attendants were targeted for the focus group discussion. The principal aim during the focus group discussion with women was to develop an understanding of women's perception of normal against abnormal vaginal discharge and their explanation of the ways in which women acquire, prevent or deal with such a condition. Special attention was also paid to the association of these perceptions with traditional beliefs about illness. The case study was carried out with a view to obtain a more comprehensive understanding of the causality and socio-cultural context in which reproductive illnesses are acquired, the stages, how and why such illnesses occurred and how they are perceived and managed by the women and their families. Past illness narratives were used on women who has been identified by *maibi*, traditional healer or other women who had particular symptoms like vaginal discharge, menstrual problem, prolapse etc. to furnish information regarding illness episode including symptom onset, management and its perceived consequences on their lives.

AREA AND THE PEOPLE

Andro is a village inhabited by scheduled caste people. The people, in Manipuri classification are also known as *Lois*. Etymologically, the word *Loi* means subdued, dependent, outcaste, backward. The village is 26 kilometres away from Imphal covering 2,994.03 acres. The total number of male is 4187 and female is 4126 (Census, 2001). There are thirteen localities in Andro.

Agriculture is the mainstay in Andro. It is a family enterprise. However, rice cultivation relies heavily on women's labour. Besides agriculture, brewing liquor, weaving, pottery are some of the economic pursuit done by women in Andro. 46.9 percent of the female are literate. Majority of the household had family income Rs. 1000 – 4000 per month. The mean family income in Andro was Rs. 3972.5.

The source of water is one of the indicators of sanitation and hygiene. If there is scarcity of water then women will have to bear the brunt of fetching the water and in maintaining a clean surrounding in their vicinity and in maintaining personal hygiene. In Andro, the main source of water for cleaning and washing are pond and stream water. However, for drinking and cooking purpose, the main sources of water are spring water, hand-pump and tap water. 25 percent use tap water, 27.5 percent use hand pump and 49 percent use spring water in Andro as potable water.

The place for throwing waste has an important role to play in adumbrating the sanitation and hygiene of an area. In Andro, there are three ways of throwing the garbage – throw it in the open, throw it in drainage and digging a pit hole to dump the wastage. Majority (58.5 percent) of the household throw the garbage in the open, 35.5 percent throw in the pit hole and 6 percent throw the wastage in the drainage.

Having proper toilet facility is essential for healthy existence. In Andro, 0.5 percent does not have toilet facility. 10.5 percent use semi *pucca*, 5.05 percent use *pucca* and 81 percent use pit hole, where a hole is dug up and covered on all the four directions with rags.

One of the main factors in health issue is transport and communication. Within Andro people commute in two wheelers like scooter but bicycle is the most common way to glide along. Covering distance by foot is also a common sight in Andro. If one has to go beyond Andro then buses and jeep are the main means of commuting.

In Andro, there is one primary health centre. The main activities carried out in the primary health centre are curative care, tuberculosis detection, maternal and child health services such as diarrhoea disease control, immunization and family planning.

NUPIGI ANABA (WOMEN'S ILLNESSES) IN ANDRO

Women in Andro perceive reproductive illness as *nupigi anaba* (women's illness). While conducting interview with the *maibis* (traditional birth attendant), local healers and women in the community, certain illnesses were unraveled as experienced only by women. It explicitly shows that there are bouts of illnesses which only women experienced locally termed as *nupigi anaba* (women's illnesses) in Andro and these symptoms of illnesses are not experienced by men.

During ethnographic study, women spoke about several *nupigi anaba* (women's illnesses). Check listing of illnesses was compiled using the findings from free listing method as well as result from key focus group discussion. This list was used to elicit information about each illness on symptom, term descriptions, possible causes and seriousness of the problem.

The table below explicates the main *nupigi anaba* (women's illnesses) and was used to elicit information about each illness on symptom, term description, possible causes and seriousness of the problem.

Table 1: Women's Illnesses

ILLNESS TERM	ENGLISH TRANSLATION	DESCRIPTION
<i>PhingouChatpa</i>	White going	Vaginal discharge
<i>Angangkhaonanthaba</i>	Uterus coming out/body falling down	Prolapse
<i>Mangbaga mari</i> <i>leinabaanaba -</i> <i>eeyamnachatpa</i> <i>mangbachangnaidaba</i> <i>puk naba</i> <i>eeliknachatpa</i>	Problems related with menstruation - Lots of blood oozing out irregular period stomach pain blood coming out stingily	Menstrual problem heavy period irregular period menstrual cramp scanty period
<i>Khwangnaba</i>	Back pain	Pain at the back
<i>Chaningnaba</i>	Abdominal pain	Pain in the pelvic

		region
<i>Chakmangba / nupamangba</i>	Rice polluted/man polluted	
<i>Pukchakring</i>	Stomach left over	Post-delivery problem
<i>kok ngaoba / Mit tandan paiba</i>	Head spinning/seeing stars	Dizziness
<i>Sonthaba</i>	Weakness	Weakness

The free listing method showed that women perceived *Phingou chatpa* (white discharge) to be the commonest problem. *Sonthaba* (Weakness) and *mangbaga mari leinaba* (menstrual problem) are also frequently mentioned illnesses indicating that these problems are among the most salient. However, the pile sorting method, focus group session and in depth interview with women revealed that *angang khaonanthaba* (uterine prolapse) although, not reported with high frequency in the free listing results was a problem which women faced in silence until it disturbs their daily chores.

The local connotation for vaginal discharge is *phingou chatpa*. *Angangkhaonanthaba* refers to uterine prolapse and *Mangbaga mari leinabaanaba* refers to problems/illness related to menstruation. The reported menstrual related illnesses are- *ee yamna chatpa* (heavy menstrual flow), *mangba changnaidaba* (irregular menstruation), *puknaba* (menstrual cramp), and *ee likna chatpa* (scanty menstrual flow). *Khwang naba* (back pain) referring to pain on the back along the spinal cord. Most of the women face this problem of back pain several times in their lives.

***ChaningNaba* (Pain in the lower abdomen):**

Chaning naba or pain in the lower abdomen is one of the problems which women face at different times of their lives. Some women say that they have this pain almost all the time. Some say that this pain is experienced when they work for long in the field or when they lift things which are heavy while others encounter it in their post-childbirth or post sterilization operation stage. Most women says that the pain surface up on cloudy days or on rainy days. Relief from this illness is achieved by massaging the abdominal and pelvic area with mustard oil and salt. If the pain persists for long and becomes intolerable then they will call a *maibi*/maiba preferably a *maibi* for *puksuba* (massaging the abdomen). If this does not produce any effect then the woman will see a doctor in the nearest town.

***Pukchakring* (Remnant blood):**

Pukchakring is described as the pain which women experience after childbirth. Some of the key informants reported of women suffering from severe pain for several days after their last delivery. They were divided about the cause of such pain. Some said that the pain was basically due to *nungsit* (gas) because of the space created in the women's belly. They consider that pain wanes once the woman starts taking proper food.

Another interpretation is that *pukchakring* is due to incomplete cleansing of the blood which remains after giving birth to the baby. They believe that if the remnant blood

remains inside the body for long then the concerned women will have unbearable pain in the abdomen. So if women have such kind of problem during post partum period then they seek treatment from the *maibi* (traditional birth attendant). The *maibi* will massage the abdomen chanting mantras. It is believed that the pain will wane after this enactment.

***Chakmangba / nupamangba* (Taboo to have sex):**

During post partum period if proper care is not taken then such illness often happen. Care should be taken properly regarding intake of her food and drinks during this stage and sex should be totally abstained. *Chakmangba* is the condition where the women will lose her tendency to eat. If these conditions prevail then she will puke even at the sight of food. People believe that it will get cured after some months. Care should be taken that during post partum a woman should drink only boiled water and use warm water. The water which becomes cold after boiling should also not be given because it is believed that this cause diarrhea.

Nupamangba is the state which occurs when she had sex during post-partum period. In the first stage her face will get swollen up while her hands, feet and body will shrink. If she does not get any treatment then she will die after some months. People believe that even doctors cannot cure such ailments. It is only the *maiba's / maibi's* who can cure these types of illnesses.

Sonthaba (exhaustion) is an illness as well as the cause of other illnesses like *phingou chatpa* (vaginal discharge). Women often reported of *Chokthaba* or exhaustion in association with other illness as well as the cause of other illness. Women believe that the primary cause for these conditions is overloaded work and lack of nutritious food. *Kokngaoba* (dizziness) is also another problem reported by women often in association with other illnesses. *Khwangnaba* (back pain) is one major problem which most of the women are facing. Some have severe condition of *khwangnaba* (back pain) that they have problem in standing up and sitting down. This illness is also associated with other illnesses. Women perceive that *khwangnaba* (back pain) is due to heavy burden of circadian activities.

CRITERIA FOR SELECTION OF ILLNESSES FOR FURTHER INVESTIGATION

By the term "reproductive illness," we mean indigenously named complaints and conditions that are localized in reproductive organs or are associated with reproductive functions. As this paper aims to look at reproductive health problems, a subset of women's non-pregnancy related reproductive illnesses was chosen for further investigation based on the following criteria of seriousness and commonness:

- 1) Most frequently mentioned in the free listing results.
- 2) Perceived that many women experience the illness.
- 3) An illness which women are hesitant to report because of the stigma associated with it and has been unattended to by health providers

Based on these criterions, *phingou chatpa* (vaginal discharge), *mangbaga mari leinabaanaba* (menstrual problem), *angangkhaio nanthaba* (prolapse) were looked into for further investigation for symptom, description, etiology and seriousness of these illness as perceived by the women.

PHINGOU CHATPA (VAGINAL DISCHARGE)

Phingou chatpa (literal meaning, “white going”) is frequently used to refer to vaginal discharge. Vaginal discharge is categorized into two types- non bloody and bloody discharge (*phingoudaeeyaoba*). Women in Andro believe that when their body becomes weak they often have discharge. Bloody discharge describes the presence of blood in vaginal discharge. They believe that such a condition is serious and feel the need to attend to it properly.

Women have different perceptions about whom this illness affects and the extent to which *phingou chatpa* was prevalent in their village. In one focus group session women unanimously agreed that this illness was prevalent among sexually active women.

Though women reported of high prevalence of *phingou chatpa* (vaginal discharge) they consider it as normal until and unless it disturbs their circadian activities. Women perceive that everybody have *phingou chatpa* (vaginal discharge). The stigma attached to *phingou chatpa* (vaginal discharge) also refrain women from talking openly about such illness.

An older key informant said:

“It is not good for unmarried girl with wet phanek at the back. Their back is wet because they are *khatpa* (implying sexual intercourse)”.

Young unmarried girl are chastised if people know that they have vaginal discharge. The basic indication was that vaginal discharge is associated with sexuality. Hence, only married women who are young and sexually active suffer from the illness. Some women furtively informed that unmarried girl also complain of this illness implying their involvement in pre-marital sexual interaction.

i) Characteristic of *Phingou chatpa* (Vaginal Discharge):

Women described vaginal discharge in terms of colour, smell, consistency, frequency and duration. Besides white discharge some women also complained of discharge with blood. They identified it as discharge with *laphutharo machu* (banana flower colour).

Smells are recognized by women particularly if the discharge is associated with strong and foul smell which made women feel uncomfortable that other people may be able to detect it. Discharge with smell is described by women as *manam namthiba* (foul smell), women reported the presence of discharge without a smell as *manam namdaba* (odourless).

Women spoke of having large amounts or little discharge and were also able to describe the frequency which they had it i.e. they had it every day or sometimes. Women

also reported a range of duration for which they experience discharge problem. Some women said they have it before their menstruation for a few days. Illness narratives conducted on women who had reported *phingou chatpa* as an illness revealed the typical ways in which it is characterized.

“It is just like having menses. It soiled my phanek. I have to wear two phanek at a time” (Mema, 33 years old woman).

“It is white and has foul smell. It itches a lot too. Whenever I go out I feel so conscious of the smell that I couldn’t talk with my friends properly” (Thabalei, 32 years old woman).

ii) Etiology of *Phingou chatpa* (Vaginal Discharge):

Women attributed *phingou chatpa* to several different causes. Causes listed in table below were most frequently mentioned by women in depth interview and in pile sorting of illnesses. *Sonthaba* (weakness), *wakhal waba* (worry), *asaoba* (anger), *thabak henba* (overload of work) conditions produced by economic hardship were felt to cause *phingou chatpa*. Women also perceived that eating fruits and avoidable food during menstruation and post-partum period transform blood to water leading to *phingou chatpa*. Other factors believed to cause *phingou chatpa* were related to events like sterilization operation, wearing an intra-uterine device, abortion and childbirth.

Table 2: Causes of *Phingou chatpa* (Vaginal discharge)

Illness cause	English equivalent
<i>Anangba</i>	Poverty
<i>Thabakkannasuba</i>	heavy workload
<i>HakchangPhataba</i>	Bad health
<i>Sonthaba</i>	Weakness
<i>Maramchatoktabanupi</i>	An immoral women
<i>NupadagiLounaba</i>	Transmitted through male
Operation <i>toubadagi</i> / <i>Hakchangsemdokpa</i>	After operation
<i>Anganglouthokpa</i>	Abortion
Copper-T <i>happa</i>	Insertion of Cu-T
<i>Machioibachinjakwatpa</i>	Lack of nutritious food
Panty <i>setpa</i>	Wearing panty
<i>Chaheidabachaba</i>	Eating avoidable food

During illness narrative interviews, women reported that the onset of *phingouchapta* occurred often because of one or more of these events. Some women who had *phingouchapta* at the time of interviewing said that they have no idea why they had this illness. Interview conducted with women provides examples of women’s perception regarding the causes of such illness.

ChingabhamTombinou, *maibi* retorts:

“Young women start wearing inners (Panties) which obstruct the circulation of the blood and causes many illness like vaginal discharge which is actually blood turned to water. Moreover, they do not restrict on tabooed foods which are supposed to be kept at bay during menses and post partum period”.

“From morning till late night I don’t have time to take rest for a minute. I have four sons and no daughter. There is nobody to lend me a hand. This makes my body so weak and *phingou* begins to fall”. (Tonulembi 42 years old woman)

“Six year back I had *hakchagsemdokpa*(operation) which makes me feel very weak and my body gets swollen up. After that operation *phingou* begins to fall”. (Uirei 45 years old woman)

“Four months backs Copper-T was inserted in Primary Health Center. After that my husband keeps on complaining and since then I have had this problem”. (Madhabi 35 years old woman)

Some women mentioned unhygienic way of living as a probable cause of vaginal discharge. Women in Andro associate *phingou chatpa* (vaginal discharge) with poor perineal hygiene and by working in dirty water in the rice field. To bring home the above said point the following verbose can be cited.

Memcha, 30 years old woman says,” Discharge is caused by working in dirty water in rice field”

Women also relate their symptoms to different procedures or conditions that they had undergone. Some blamed it on abortion and others claimed that *phingou chatpa* (vaginal discharge) is due to insertion of IUD. Some of the women perceive that *phingou chatpa* (vaginal discharge) can be transmitted from husband and can happen due to lack of nutritious food.

Tampha 42 years old woman remarked: “Women also get vaginal discharge form men who got from other women”

In the body mapping session, Leihao, 42 years old woman from described how this illness occurs: “*Phingou* comes from the place where menstruation blood comes from so, as long as one is healthy having all the nutritious food then the blood falls properly if not, then *phingou* will start falling.”

“Women eat whatever is growing in their kitchen garden. They cannot afford to have nutritious food like milk, nuts etc. to supplement their diet. Rice and curry are their staple food. This weakens a woman’s body moreover, a child bearing mother. Thus most women in Andro suffer from vaginal discharge.”(Memcha, 37 years old from Andro)

Thus, women have diversified opinion regarding the etiology of vaginal discharge.

iii) Seriousness of *Phingou chatpa* (vaginal discharge):

Women's believe that an illness is serious for particular reasons. *Phingou chatpa* (vaginal discharge) is perceived as a problem when the discharge is an excess. In an in-depth interview -

Thaba (a woman from Andro) said "If the discharge wets the phanek (wrap around) then the condition is serious"

Moyonsakhi said: "If there is blood in discharge then it is a problem that needs to be looked into because it might be cancer."

Women use onomatopoeic terms like *o-ro-ro-chatpa* (going), *jo-ro-rochatpa* (going) to explain the severity of vaginal discharge. Women compare the severity of vaginal discharge allegorically with the menstrual blood flow.

"When the discharge is like the menstrual flow then it is a serious case". (Tampa, 34 years old woman)

Monsori (a woman from Andro) felt that women consider discharge a problem because:

"Women become weak and pale if they have this illness. It is not good to see women with *phanek* which is wet at the back. People might get some wrong interpretation".

The above finding explicates that women perceive that *phingou chatpa* (vaginal discharge) is serious when the discharge is in excess which they describe in onomatopoeic terms like *o-ro-rochatpa* (going) or *jo-ro-rochatpa* (going). The seriousness of *phingou chatpa* (vaginal discharge) was also described allegorically with the menstrual blood flow. They also perceived that *phingou chatpa* (vaginal discharge) is serious when there is blood in discharge.

MANGBAGA MARI LEINABA ANABA (MENSTRUAL PROBLEM)

Mangbaga mari leinaba anaba (menstrual problem) a common complaint among women is a collective term for different illnesses / problems associated with menstrual periods. Women describe heavy menstruation as a debilitating illness which sucks out all their strength.

"Menstrual blood bleeds continuously and in abundance. All my phanek are soaked and it drips down my legs also. " (Satila, 33years old woman)

Menstrual cramp was not considered as a serious illness. Women generally endure or bear the pain by lying down or using hot water bottle/water bag.

Ebechaobi Khumugmayum describes her menstrual pain: "I have menstrual pain on the first day of my period. On the first day I cannot do anything. I just lie down to bear the pain."

Other menstrual problem like irregular menstruation and scanty period was also reported.

i) Causes of *Mangbaga Mari Leinaba Anaba* (Menstrual Problems):

The causes of menstrual problem which women perceive include wearing panties, using pads, eating avoidable food during menstruation, abortion, insertion of IUD, sterilization operation, pregnancy, delivery problems and improper cleaning during childbirth. Interviews with women provide examples of women's beliefs about the causes of menstrual problem.

Hemson 50 years old *maibi* from Andro reasons for menstrual problem: "If the remnant blood after delivering the baby is not cleaned properly then it happens"

Another woman 45 years old woman from Andro describes the reasons for menstrual problem: "Women started putting foreign particle inside their body (copper-T) and had operation. All these block their tubes which lead to menstrual problem"

ii) Seriousness of *Mangbaga mari Leinaba Anaba* (Menstrual Problem):

Menstrual disorders are perceived as a problem with which women have to live and suffer. One of the menstrual problems which are perceived to be the most serious is heavy menstruation. They believe that heavy menstruation drains away all the strength and is considered to be weakening and cause dizziness and exhaustion.

Though heavy period is considered a serious case, women do not seek any treatment as they consider it normal. Menstrual disorders are perceived to be a problem which women have to suffer in silence. Moreover it does not disturb their daily ablutions so, menstrual disorder remains unattended.

***ANGANG KHAO NANTHABA* (PROLAPSE)**

Angangkhaonanthaba is literally translated as uterus coming out / body falling down. Women do not make any distinction between vaginal and uterine prolapses. They simply refer to a feeling of heaviness "down below" or that "something coming out" of vagina. Women believe that prolapse is an illness which needs attention from allopathic health care provider because there is no local treatment for it.

i) Characteristics of *Angangkhaonanthaba* (Prolapse):

Different types of prolapse that women experience are described. They have constant feeling of heaviness below or as if something is falling out from below making them difficult to sit, stand or walk. This makes them so inconvenient and disturbs their daily activities. This is associated with severe back pain. They cannot stand up abruptly after sitting also.

Dhanapati Hijam says “I had this illness two years back. I couldn’t do anything during those days. My back was paining terribly and I can feel something heavy on my lower abdomen.”

Prolapse interferes with women’s work activities and with their lives. The degree to which they feel inconvenient by a prolapse depends on “how much the body is coming out”. Women say that they have difficulty lifting weight and difficulty in urinating when they have prolapse.

ii) Cause of *Angangkhaio nanthaba* (Prolapse):

Women in Andro gave different version for causes of *angangkhaio nanthaba* (prolapse). Women believe that prolapse occurs due to long and difficult labour problem, carrying heavy items during post partum period, sterilization, frequent abortion and frequent childbirth. Interviews with women provide example of beliefs about causes of prolapse.

“Frequent childbirth and abortion spoils the body. Playing with your body is not good. The pulling and pushing, inserting instruments and hand inside the delicate women’s body will destroy everything.” (Monsori, 43 years old woman from Andro)

During childbirth- if the foetus did not come out as soon as the amniotic sac burst then the *maibi* has to pummel the stomach and insert the finger inside the vagina to pull the foetus out. Simultaneously, the women is labour was encouraged to push harder to accelerate the birth of the child. Some woman remarked how this kind of pulling and pushing leads to prolapse.

Women also believe that lifting heavy weights also cause prolapse. In their day to day activities, a woman routinely lifts heavy weights. This includes lifting and carrying heavy pots of water from the ponds, hand pumps and tap to the house. Lifting heavy weight especially just after childbirth is considered to be dangerous because women’s body during this stage is still tender and lifting heavy weight could push the body out.

It is believed that performing heavy activities can lead to a prolapsed uterus known as *angangkhaio nanthaba* as a woman relates: “If you lift heavy things during the post delivery period when the body is tender after giving birth then you will have *angangkhaio nanthaba*. (Uterus coming out / body falling down). It is like the womb collapses and comes out. It is not painful but it is very uncomfortable.”

Another woman incorporated: “I do not have anyone to look after the household so; before three month was completed after delivery I started working. I carried a potful of water and do all the household chores. Now, the doctors diagnose that I have uterine prolapse which is not severe.”

Women also think that sterilization operation and inserting Copper-T (IUD) cause this problem because it weakens the body and makes it easier for the body to come out. Thus, women believe that problem during childbirth, lifting heavy weight or undergoing a sterilization operation are susceptible to *angangkhaio nanthaba* (prolapse).

iii) Seriousness of *Angangkhaio nanthaba* (Prolapse):

Angangkhaio nanthaba (uterine prolapse) were unanimously perceived by the people and *maibi*'s which needs to be addressed by a doctor. Women consider *angangkhaio nanthaba* (uterine prolapse), a serious illness which needs medication from allopathic provider. They consider *angangkhaio nanthaba* (uterine prolapse) serious when they see/feel the body parts coming out.

The *maibi* (traditional birth attendant) also put their hands up in such case. Monsori, a *maibi* in Andro commented:

"This is a serious problem because there is no treatment for this illness. One has to operate to lift up the *Angangkhaio* (baby sac) at a big hospital which most of the women cannot afford. So, until and unless it disturbs the daily domestic chores one will not get treatment."

Women in Andro and Kwakeithel believe that many women suffered from *angangkhaio nanthaba* (prolapse) but they suffer in silence because of the shame and stigma attached to this illness. Women in Andro believe that the only means is to push back the uterus inside. Moreover, economic crunch refrains women from seeking timely care.

CONCLUSION

There is a saying in Andro - "If you don't work then you starve". Women have to work hard to make both ends meet. Economic crunch in a household affect women. Engaged in a daily struggle to meet basic needs, they cannot spare time to improve and safeguard their own health. Economic hardship compels a woman to work hard to meet both ends meet. This leads to physiological weakness, which in turn deteriorates the health condition and cause all the illness. The price of poverty has to be paid by women as poverty makes them compromise on their health.

Women refer to health problem relating to reproductive organ and function not as "reproductive illness" but as *nupigi anaba* (women's illness). They perceive that *anangba* (poverty) is the root cause of women's illness. Conditions directly resulting from *anangba* (poverty) include anger, worry, lack of nutritious food and hard toil. These conditions will produce *sonthaba* (physiological weakness). Women believe that when they are physically weak they are susceptible to other factors causing *phingou chatpa*, *mangbagamarileinabaanaba* and *angangkhaio nanthaba*. These factors are referred to as "susceptibility" factors (Zurayak et al., 1993). These proximate factors may be categorized in the following manner- problem after sterilization operation or after insertion of Copper-T, problem after a spontaneous or induced abortion, childbirth and delivery problem, lack of nutritious and strength giving food, problem of violation of food taboo during menstruation and post-partum period, problem with transmission of illness through sexual intercourse from man to women, lifting heavy weights. Though women do not have a "germ theory" of illness they have a sense of illness pathology which is reflected in the above mentioned factor.

The finding explicate that women's perception of reproductive illness succinctly differs from the bio-medical definition of reproductive disease. Meanings are embodied in the term "women's illness" and symptoms are filtered through the world view of the people. Reproduction is perceived to be the sole responsibility of women thereby the term *nupigi anaba* (women's illness) for illness associated with reproductive organ. The aetiology, progression and seriousness of illness are also filtered through the world view of the women and this will have a direct bearing on treatment.

Illness described by the term *phingou chatpais* related to physical symptoms and situation in a network of meanings and different meanings are socially generated by individual to articulate their experiences. The findings show that *phingou chatpais* used with other physical symptom such as weakness. Additionally, the finding explicates that women describe the feeling of impoverishment in connection with *phingou chatpa*. In other words, women can report *phingou chatpa* if she is impoverished and feels weak although she might not have physical symptom of vaginal discharge or if she has normal physiological discharge. Thus, an illness is the meaning that women give to health and refers to a person's perception and experiences of certain socially disvalued status. The meaning of health needs to be recognized for achieving an analytical understanding of the process of production of health as a basis for any realistic and comprehensive effort to improve health condition in a community, as it has a direct bearing on the treatment seeking behavior.

We would like to highlight the need to incorporate women's perception of reproductive illness while designing reproductive health programmes which are culturally sensitive to bridge the gap between what is considered as the need and the actual need at the grassroots level. There is also a need to understand traditional knowledge and practices in the recommendation on health and training for family planning providers. The "felt needs" of the ill women have to be considered because these needs are not only meaningful to the women but also refer to a person's perception and experiences. Moreover, women's perception of reproductive illness do not map with the bio-medically defined disease in a culturally defined context.

REFERENCES

- Bang R. And Bang A.T (1994): Women's Perceptions of White Vaginal Discharge: Ethnographic Data from Rural Maharashtra. In Gittelsohn, J., Bentley, M.E., et al. (ed.) (1994): *Listening To Women Talk about their Health: Issues and Evidence from India*, Ford Foundation, Har-Anand Publications: New Delhi.
- Boonmongkon, P. (2001): *Mot Luuk* Problems in North East Thailand, Why Women's own Health Concerns Matter as Much as Disease Rates, *Social Science and Medicine*, 53:1095-1112
- Frakenberg, R. (1980) Medical Anthropology and Development: A Theoretical Perspective, *Social Science and Medicine*, 14 B: 197-207.

- Jacobson, J.L. (1991): *Women's Reproductive Health: The Silent Emergency*, Worldwatch Paper 102, Worldwatch Institute: Washington, D.C.
- Jeffery, P., Jeffery, R., Lyon, A. (1989): *Labour Pains and Labour Power: Women and Childbearing in India*, Zed Publishers: London.
- Kaddour, A., Hajez, R., Zurayk, H., (2005): Women's Perceptions of Reproductive Health in Three Communities around Beirut, Lebanon, *Reproductive Health Matters*, 13 (25): 34-42.
- Kleinman, A., Eisenberg, L. and Good, B. (1978): Culture, Illness and Care: Clinical Lessons from Anthropologic and Cross-Cultural Research, *Annals of Internal Medicine*, 88:251-258.
- Mac Cormack, C.P. (ed.) (1982): *Ethnography of Fertility and Birth*, Academic Press: London.
- Mairiga, G., Abdulkarim, Kawuwa, B., Mohammed, Kullima Abubakar. (2008): Community Perception of Maternal Mortality in Northeastern Nigeria, *African Journal of Reproductive Health* 12 (3): 27-34.
- Nichter, M. (1981): Idioms of Distress: Alternatives in the Expression of Psychosocial Distress: A Case Study from South India, *Culture, Medicine and Psychiatry*, 5:379-408.
- Oomman, N.M. (1996): *Poverty and Pathology: Comparing Rural Rajasthani Women's Ethnomedical Models with Biomedical Model of Reproductive Behaviour*, Ph.D. Thesis, Johns Hopkins University: Baltimore, Maryland.
- Pachauri, S. and Gittelsohn, J. (1994): Summary of Research Studies and Implications for Health Policy and Programmes, In Gittelsohn, J., Bentley, M.E., et al. (ed.) (1994): *Listening To Women Talk about their Health: Issues and Evidence from India*, Har-Anand Publications: New Delhi.
- United Nation. (1995): Summary of The Program of Action of The International Conference on Population and Development, 1994, 13, New York, United Nation.
- World Health Organization. (1995): *Sexually Transmitted Diseases : Three Hundred and Thirty-Three Million New, Curable Cases in 1995*, Press Release, WHO/64, August 25, 1995.
- Young, A. (1982): The Anthropologies of Illness and Sickness, *Annual Review of Anthropology*, 11:257-285.
- Young, J.C. (1981): *Medical Choice in a Mexican Village*, Rutgers University Press: New Jersey.
- Younis, N., Khattab H, Zurayak H., et al. (1993): A Community Study of Gynecological and Related Morbidities in Rural Egypt, *Studies in Family Planning*, 24(3): 175-186.
- Younis, N., Khattab, H., Zurayak, H., et al. (1993): A Community Study of Gynecological and Related Morbidities in Rural Egypt, *Studies in Family Planning*, 24(3): 175-186.
- Zurayak, H., Khattab, H., Younis, N., El-Mouelhy, M. (1993): Concepts and Measures of Reproductive Morbidities in Rural Egypt, *Studies in Family Planning*, 3 (1):17-40.