

Beliefs and Practices on Reproductive Health among Andro of Manipur

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ABSTRACT: This is an ethnographic study of a community called Andro in Manipur. Women in Andro have their own ethno anatomy and ethno physiology and it succinctly differ from the bio medically derived anatomical models both spatially and functionally. Women describe their body parts as they feel and experience them. Moreover they also visualize some of the body parts while dissecting household animals for food while talking with peers and older female relatives. It also highlights the cultural beliefs and practices during menstruation, sexual behaviour, conception, pregnancy and childbirth. The exploration of Andro women's cultural construction of body and knowledge about women's beliefs about a variety of physiological processes: menstruation, conception, sexual behaviour and childbirth, and practices associated with these beliefs can provide insight into potential determinants of gynecological morbidity and can be an asset in improving health care and responsive to the felt needs of the service user.

INTRODUCTION

All systems of knowledge are culturally constructed. Different cultures perceive the body and bodily processes in terms of the folk model. This paper attempts to explore how women perceive different organs of their body, their location, interrelationships of different parts of the body and their functioning. It is an endeavor to present their beliefs about their body (ethno-anatomy) and body functions (ethno-physiology) and the different practices which they follow in accordance with these beliefs. It is based on locally perceived processes that affect women's

reproductive health status and describes those beliefs and practices about women's bodies. Folk biology, however, has an exceptional resilience and power over people's behavior and understandings since it does not seem to be socially constructed to local participants (Jeffery *et al.*, '89). Mac Cormack and Draper ('87: 154) explained: "Everywhere people's understanding of health is informed by folk definitions of the body form and functions. People give particular attention to the body's margins and its orifice- the breaks in its defenses-where the natural and social environment impinge....ideas of cosmological and social equilibrium are also thought by many people to be replicated in the body as a microcosm of the natural universe....Even in scientific and industrial societies with a long history of universal schooling,

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people will understand their bodies in terms of these folk models, and even highly trained doctors talk to patients in terms of folk definitions.....”.

Medical Anthropologist is always concerned with the different ways in which people within any culture or community gain, hold and use knowledge about bodily processes. Understanding people’s perception of their body and their interpretation of bio medical intervention and an exploration of the belief and practices they follow is an asset in improving health care and more responsive to the expectations and felt needs of the users.

METHODOLOGY

Information presented in this paper has been collated from data collected in the ethnographic phase of field work in Andro – a scheduled caste community in Manipur. Information regarding childbirth, pregnancy rites, delivery and post-partum practices, family planning methods, etc. was also procured. Besides, observation and focus group discussion with the traditional birth attendants and the ordinary village women body – mapping was used to sketch out the graphic representation of the ethno-anatomical and ethno-physiological models. Figure 1 shows the body map drawn by women in Andro, Figure 2 is the body map drawn by the traditional birth attendant Figure 3 points out the close up of reproductive parts drawn by the traditional birth attendant. As verbal description of the body by the women is difficult to access so, body mapping was used since it can help in gaining access to people’s perception of their bodies and to the explanatory models. Ideas and issues which are hard to identify can be easily accessed and explored using this method. On probing and questioning, women were able to give better insights of their bodies and describe them in detail. The figures drawn by typical village women and traditional birth attendants serve as a guide to the discussion of findings of ethno-anatomy and ethno-physiology in their socio-cultural context. It was found that traditional birth attendants were more aware of the physiological processes than an ordinary woman.

ONSET AND LEARNING ABOUT MENSTRUATION

Menarche symbolized the attainment of physical maturity and ability to bear children. Thagi khongkap

lakpa (coming of monthly period) or mangba (polluted) were the local terms used for menstruation and were justified by its occurrence once a month and segregation of women during this period. Flowery terms like *lei lakpa* (coming of flower) are also used as metaphor for menstruation. Menstruation is used allegorical to the blooming of flower. In the verbose of Hensori, a *maibi* (local birth attendant) in Andro: “Menstrual blood comes out from a lotus shaped sac which is located inside the womb where the baby stays. It blooms once in a month. Every month when it blooms blood comes out”. Most of the young girls reportedly knew about menstruation before their marriage from different sources. A young girl evolves into a stage of an unmarried maiden locally termed as *leisabi* (who moves like a flower) with the onset of menstruation. In Andro, with this status they are allowed to perform dance in one of their biggest festival, lai haraoba. Becoming a *leisabi* is publicly declared. The *pakhloi* (messenger) from *Koso* (dormitory) will inform of their *leisabi* status. They register their name in *Koso* (dormitory) during *lai haraoba* festival. The *leisabi* status ensures them of their participation in lai haraoba festival. To bring light to the situation Thoibi, 37 years old woman in Andro recalls: “When I reached sixteen years, I was informed of my *leisabi* status. I was ecstatic when I performed dance in the *lai haraoba* festival. My name was publicly declared and was given the service of taking care of Panam Ningthou”. Thaba, a young *leisabi* of 22 years old in Andro who was weaving a woolen *phanek* on a loom responded: “I was too embarrassed to tell my mother and sister when my first menstruation started. So, I didn’t tell them but my mother came to know about it as my clothes got soiled. Then, my mother asked me whether I have started with my periods. I gave a positive reply and she showed me how to wear *phanek* during menstruation.”

Menstruation is therefore a public affair in Andro. Mothers, sisters, friends or neighboring women orient her in the process of menstruation. Once a girl attains a *leisabi* status certain restrictions are imposed on her so as to keep her reminding of her reproductive power which should be contained till marriage. So, during the liminal period between menarche and marriage she is carefully guarded by her natal or patrilineal male kins. As the cliché goes “whether a petal falls

on a thorn or a thorn falls on a petal, it is the petal which is hurt”, here petal is coterminous with unmarried women and thorn with male. This drives home the delicacy and onus of boundary maintenance by a woman after she attain the status of a *leisabi*.

Menstruation is also linked with conception as women in Andro perceive that cessation of a month cycle or menstruation means conception.

Menstrual Pad and Menstrual Practices

In Andro, most of the women do not wear panties while menstruating, when they are at home ratiocinating on the belief that it will obstruct the flow of bad blood coming out. They consider that blood coming out during menstruation is bad blood. If all the bad blood is not taken out then one will become ill and the body will become weak. However some girls in their quest to adjust with modern lifestyle they adopted the practice of wearing panties and using disposable sanitary pad or clothes which are folded and stitched on the panties. Tamu, one maibi in Andro responded: “Now-a-days people have started wearing panties that’s why they have become weak and their complexion is not glowing. How can they look beautiful and remain healthy when they do not let the bad blood come out of the body.” However, while menstruating most of the women in Andro wear two to three *phanek* one on top of the other. They will wear the innermost *phanek* like a dhoti, pulling up one end and tucking in on the back side. When they are at home or visit their neighbors they do not wear panties. Most of the women prefer to stay at home while menstruating and if the situation compels them to go out then they wear panties with clothes folded and sewn on the panties.

Thus while menstruating women in Andro prefer to use *phanek* when they are at home without any undergarments as it is believed that wearing panties will block the flow of the menstrual blood which is considered as bad. Women perceive that if this bad blood remains inside the body then one’s health will deteriorate. Women in Andro did not use sanitary napkin. The most commonly used material when a woman goes out is a piece of cloth folded sewn inside the panties. The material can be either an old piece of *phanek* or an old piece of cloth. The *phanek* and clothes are washed with soap in cold water. Before

discarding clothes they will wash the blood properly as it is believed that if they throw clothes with menstrual blood, the women will become weak and her health will deteriorate. The washed clothes are often not dried in open. They consider it improper in front of male members to spread out *phanek*/clothes in the open. So, they try to hide it beneath some clothes. One interesting menstrual practices which women in this area observe is related to the pollution aspect of menstrual blood; a concept which is prevalent across many states in India (Jeffery and Jeffery, '89; Nichter, '81). Women are considered polluted during menstruation. People believe that menstrual blood is bad thus, is considered as polluted. Traditionally, a menstruating woman was confined inside a room. However, in today’s generation, they are not confined but still are considered polluted and are prohibited from preparing food and entering the culturally defined area of Gods and Goddesses. Certain granaries may not be entered by menstruating women. Women wait 5-7 days after the first day of their menstruation to take bath which is when their menstrual period is getting over. Euphemistically, it is “washing their hair” on the 5th or 7th day of a menstrual period. The numbers of days vary according to the number of days for each woman’s menstrual period. The reasoning behind this practice is to cleanse oneself of the “polluting” menstrual blood. The bed linen, pillow cover, mosquito net is supposed to be washed on the day when they take bath after their menstruation period.

During menstruation women are not allowed to have sex and it is considered bad for both men and women. There is a belief that men will become henpecked if they have sex when a woman is menstruating and that for the women who is menstruating, she will become weak. Thus, avoidance of sexual intercourse is practiced during menstruation. Some of the symptoms women had before menstruation are the craving to have sour things, *puk naba* (pain in the abdomen), *ethan thangatpa* (feeling bloated up), *khwang naba* (back pain).

Sexual Function

People use a variety of euphemisms when talking about sexual intercourse. Coy terms like man and woman meeting, doing things, being together or

sleeping on the same bed are used to represent sexual intercourse. Sexual interactions are generally initiated by men. Although women's sexual desires are not explicitly spoken of, an older woman explained the following: "When women show more flesh and wears tight clothes to attract the attention of man, which man can resist? Both man and woman are equal partners and have desires." Sexual encounter between husband and wife are accepted as norm. Women do speak disapprovingly of "other" sexual encounter. If young unmarried woman had sexual relationship with a man and get pregnant then, the boy who makes her pregnant has to marry her. Even if the girl is not pregnant but if they are caught in an uncompromising position the boy has to marry the girl or woman. If the sexual encounter is without the consent of the girl or women then certain actions are taken up by the village head (khullakpa) in Andro. Women also spoke about abstinence from sex at certain times. There is a strong belief that it is impure to have intercourse during menstruation. Similarly, sexual intercourse soon after childbirth is inadvisable. During post partum period women are considered to be in a tender conditions and weak. They are considered as impure for a period of four month after childbirth. Their blood is considered as tender (*e-nouba*) thus, sexual abstinence is practical. It is believed that if a couple violates the practice it would adversely affect the women's health and will lead to such an illness known as *nupa mangba* (male polluted). In such a condition, the woman lacks appetite and starts puking, even at the sight of food. Her whole body will shrink and finally she will die. They believe that even doctor cannot cure such ailment except the *maiba* (traditional healer). One woman elucidates: "My son-in-law is a sex maniac. My daughter gave birth to a daughter last year. Before four months she had this illness (*nupa mangba*). Luckily, the *maiba* (traditional healer) gave her medicines and thus saved her, otherwise she would have just passed away. We saved her just in the nick of time".

Sexual abstinence is strictly practiced during menstruation. Non-observance is reprimanded by household elders and other close relatives. The above findings implicate that sexual abstinence is strictly followed during menstruation and postpartum.

Conception

Cessation of menstruation to a woman marks her pregnancy. Additionally the retention of blood is evidenced in symptoms such as nausea, vomiting and rashes. According to *maibi* in Andro the women's blood which comes out during menstruation and male's *mahik* (germ) come together to form a child. However, according to village women there are many placentas inside the womb of a woman. The male *mahik* (germ) will enter inside the placenta and form a child. If the germ enters on the right side then one will give birth to a male child and if it enters on the left side it will give birth to a female child. In the verbose of one *maibi* in Andro: "Man's *mahik* enters the woman's body and go to the womb where it meets the woman's blood and baby is formed." In Andro, women rarely consult a *maibi* or nurse or doctor when pregnancy starts. They rely on their own diagnosis. All women note the start of their menstruation according to a lunar calendar and if their next period does not begin they consider that one month is completed. Once pregnancy is confirmed then the women is not allowed to do any hard labor but pregnancy is also not seen as an occasion for rest. As one woman put it: "Movement and working is healthy for a pregnant woman and will help her in delivering the baby with less pain". Women consider that pregnancy should last between nine and ten lunar months. Women believe that if the baby is born prematurely in the even months i.e. 6th and 8th month of pregnancy then the baby will die but if it is born on 7th and 9th month of pregnancy then the baby will live. The *maibi* accounts: "In the first month of pregnancy, it is just a clot of blood without any eyes or nose or any defined body parts. Life enters the baby only on the third month. Then, its body parts begin to develop. Female foetuses moves earlier than the male, a male baby are lodged on the woman's right side while a female baby reside on the left side. By about seven months, the baby is fully formed but spends the rest of the pregnancy growing and gaining strength drinking blood and water inside the womb. The developing foetus takes its strength from the mother's retained menstrual blood."

Pregnancy Rites

During this stage, a woman along with the physiological change has to abide certain restrictions

imposed on her in terms of food habit and movement. A pregnant woman is abstained from any social as well as household religious ceremonies. Pregnancy, the creation of life must not be brought into contact with death. Hence, the pregnant woman as well as the father of the child should not participate in mortuary or funeral rites. At this stage, she and her husband cannot kill any living creature or certain mystically dangerous animal else his wife may miscarry or bear an abnormal or deformed child. A pregnant woman is restricted from walking in the dark, in the hot afternoons and eating in the market as she could invite spirits lurking in those places to follow her and harm the baby.

Angang Pokpa (Childbirth)

Childbirth is a universal human experience. However, the birth experience takes place in a cultural context and is shaped by the views and practices of that culture. This section will discuss the childbirth process with reference to the following issues: Maibi, the childbirth attendant, the childbirth and the post partum period.

Child birth Attendant (Maibi): In Andro, now a day though most of the deliveries were conducted by the nurse however, the tradition of calling a maibi, the traditional birth attendant or by more knowledgeable older women of the household in the absence of maibi for childbirth was in vogue few years back and some still continue to do so. By feeling the pulse beat of the pregnant woman, a maibi can predict the timing of childbirth. Women consider that pregnancy ends in the tenth lunar month. So, once the pregnant woman reaches the tenth month the family members are alert and started taking care for the day. They called the Maibi frequently to check the pulse beat. In Andro, there is no separate place for childbirth. Two weeks ahead of the predicted date of delivery preparations started. Two bundles of straw which are of good quality are spread out in the sun and old *phanek* are washed and kept for use. Women make clear distinction between *Maibi* and other experienced women who help in delivering babies. *Maibi's* are considered polluted and expect some form of payment in return for their service. The payment may be in the form of money, food stuffs etc. Most of the *maibi's* in Andro are old widows. People do not eat the food cooked by the *maibi's*. Even if she has

husband and family once she becomes a *maibi* she has to live and eat separately as they are considered *mangba* (polluted). A *maibi* will wash the child and mother as well as the soiled clothes after cutting the umbilical cord. Other women who help in conducting delivery will leave once the child is given birth. Cleaning of the mother and child will be done by the *maibi* with the help of family members. The umbilical cord is cut only by the *maibi*. Cutting of umbilical cord is considered defiling so, any woman who conducts the delivery cuts the umbilical cord then they also becomes a *maibi* and thus considered as polluted. However, if the umbilical cord is cut by a male he does not become a *maibi* and so, is not considered as polluted. He can purify himself after taking bath. So, for a woman, once defiled is always defiled. Hemsori, a *maibi* in Andro talks about her services. "Nobody taught me. I learned everything by myself. I watched and learned from my own body. No mishaps happen in all my deliveries". As a *maibi* she goes to any household that calls her and does all the work which is associated with delivery. As a result, she expects payment for her services. Primarily, deliveries are almost exclusively a woman's domain including household women; *maibi's* and sometimes nurse from the primary health center. However, if the *maibi*, nurse or doctor in primary health center warns of any complication they go to hospitals in Imphal for delivery as there is inadequate infrastructure for any complication in delivery. *Maibi* fully understand the importance of recognizing complications. Abnormal presentation protracts labor, endangering both mother and child so, *maibi* tries to assess if the baby is straight and correctly positioned i.e. with the head engaging on the cervix, inverted i.e. a footling breech or askew or obstructed i.e. transverse some *maibi's* claim of the caliber to turn a baby even during labor. Others said that it is difficult during late pregnancy but they can lay their hand in case of a footling breech presentation though not a transverse one. They have no foetal trumpets or other means of detecting foetal distress except feeling the women's belly. The *maibi's* themselves said that they cannot remedy problem like failure of cervical dilation, transverse lie, cords entangled on the neck of the baby, over-long pregnancy. So, if a *maibi* diagnose a problem she is likely to withdraw from the case.

They generally claimed that they had never had serious mishaps for that very reason. One Maibi reported, "I examine the woman first and judge if she and the baby are all right. If there is any complication, I told them that it is beyond my competence and cannot handle the case". "In difficult cases, I refuse to put my hand on the women. I send them to big hospitals in Imphal".

An Account of Childbirth

This section describes the actual childbirth process as observed once and also present findings from women's report in the ethnographic phase. A pregnant woman will continue her normal daily domestic chores until the moment she feels contractions. The room where she stays is usually the place where she gives birth which is generally away from the men and children of the household. The sun dried straws are spread out on the floor and on top of which the *phanek* are spread out. A hole is dug up at the corner of the room where she will give birth and stay after giving birth to throw the waste and blood. While giving birth, not only the maibi, but also some elderly women and young women are required to help the maibi and the woman who is going to deliver the baby. Once when the contraction starts the pregnant woman is sanctified with smokes of cultic herbs called *khoichum-leikham* to dispel off evil spirits. The women in labor pain will squat and a healthy woman will sit in front to support her sitting on a bagful of rice or on a high stool. She will clutch the woman when she frets and moves to bear the labor pain. She is called as *mai yoknabi* (the one who face). Another woman will light up the hand made bamboo torch and there was no current and proper ventilation. In one corner of the room is a little fire place which is continually stoked by a woman to heat the materials required during the delivery. All the women of the household usually participate in the process, some of whom are more active than the others. An older, grandmotherly woman who is more experienced will supervise the women who are assisting the delivery process. In her absence the next senior most women will take charge. The older woman will sit and instruct the younger ones to make tea for the woman in labor and for the woman who are attending the birth. The woman who is going to deliver in also fed with local

liquor which they believe will enhance the delivery process. As the contraction continues, the attending woman tries to check the position of the child to assess the case. Hemsori explains: "The most difficult delivery is when the baby is in transverse position. When labor pain starts I try to straighten the child from outside by massaging the stomach with my hand and then insert my finger inside the woman's vagina to check if I can feel the child's head." Women who are assisting the *maibi* will help in massaging the laboring women's stomach gently on the side; feed her with hot pork/chicken soup or tea. Every now and then the *maibi* will wash her finger and insert again into the woman's vagina to check how far up she can feel the infant's head. If the depth is till the wrist it means that it will take 1½ hour. However, if it is till the finger length then only half an hour is left. Thereby, the *maibi* can tell the how long will the labor take. When she takes out her finger she wipes them on the *phanek* which is spread out occasionally dipping in water to clean them. The normal labor time is one day. However, if it exceeds more than a day then women consider it as a problem and resort to nurse or taking the women to the hospital. Although a long labor is considered a problem it is considered normal to experience pain during labor and a woman is not encouraged to become hysterical or cry out loudly during the delivery. Hemsori retorts: "Shut up. Don't you think about the consequence when you have pleasure?" "When you can't bear this pain why do you want to have sex" another woman rebukes. Some women who experience labor pain learn to bear it by calling out her mother and ancestor and holding onto the woman who attend the childbirth. Some bear it by hurting oneself. One woman exclaims: "When I gave birth to my first child I bit my lower lip so hard to bear the labor pain that blood started coming out". As the labor pain continues women continue to give hot soup and shake her stomach around. She is encouraged to sit up and squat. Eventually when the amniotic fluid sac burst the attending women believe that the child is on the way. As the head of the infant starts emerging all the attending women starts urging the laboring mother to push harder and harder. As soon as the infants head emerge out of the vagina the *maibi* pulls out the rests of the body which follows through very quickly. The *maibi* pummels the

stomach, so that the *naopham* (placenta) will come out. There are times when the placenta does not come out. In such cases, the *maibi* will throw out a *kangkhl maru* out of the house through a hole which the *maibi* made on the wall where *Lainingthou* (household deity) stays. If the placenta still doesn't come out then the family members will call the *maiba* (traditional healer) to make offering to God. When the *naopham* (placenta) comes out the *maibi* will cut the umbilical cord either with a new blade / *toubak* or *wakthou*. The belief of cutting the umbilical cord with *wakthou* is that the child will grow tall and sturdy like a *wakthou* bamboo.

POST PARTUM BELIEFS AND PRACTICES

After cutting the umbilical cord the *maibi* will bathe the baby in lukewarm water. After circumambulating the fire, the baby is wrapped by clean piece of cloth which is passed through fire so as to dispel off evil spirits and then the baby is kept on the left side of mother. The phanek which is soiled during childbirth is taken out and covered with new piece of cloth. The sleeping place of the mother is made separately. The bed is made out of straw and is near the fireplace. For three months she has to sleep on this bed. For few days urination, defecation is done inside the house. For three days the baby will be fed by neighboring breastfeeding mother. The mother will start breastfeeding the baby after three days. After cutting the umbilical cord and bathing the baby, the placenta will be taken up in *khangra* leaf. If it is a baby boy then the placenta is wrapped in five layers of *khangra* leaf and then screwed up with five stripes of cane. It is then placed inside a small earthen pot. In case of girl child the placenta is wrapped in six layers of *khangra* leaf screwed up with six stripes of cane. Then, the earthen pot containing placenta is sanctified with smokes of cultic herbs called *khoichum-leikham* to dispel off evil spirit and then buried at a depth of about two inch inside the house near the main door. If the baby is male, the pot is burned on the right side. In case of female child it is buried on the left side by the father. They believe that if they bury the placenta inside the house then, the person die in an unknown place of unknown illness. On the third day after giving birth, purificatory rite is performed by *maibi*. For this, water from eshaiphu is

taken in a pitcher and then sprinkled in and around the house and to all the members of the family with a leafy branch of *tairen* and *pungphai*. Until and unless this purification rite is performed granary of the house is not allowed to open and members of the lineage are abstained from attending any religious or public festivals as they are considered polluted. If this purificatory rite is performed all are purified except the new mother. The new mother will be considered polluted for three months. The place where she stays should be near a fireplace. Everyday fire is stoked. They believe that fire has medicinal value. It heals the woman faster and helps in removing out the (remnant blood and pus inside the womb) thereby making the woman recuperates *e-manai* faster. They also apply *yu machin* (local liquor) which enhance in the process of healing. During this confinement period, women also practice *khwangehet punba* abdominal binding. This is an effort to bring the women's abdomen back to its normal shape without sagging as well as to avoid back pain. "You bind the tummy with cloth to help make the body tight... When you are pregnant the tummy enlarges. You bind it so that the belly doesn't sag". (Tonusakhi, 38 years old)

Dietary Intake

Till the fourth day they will eat rice cooked in an earthen pot locally termed as *kamuk* with salt and roasted fish. Pork/chicken soup is also given as it is believed that this will give a woman strength which is lost during the act of giving birth. From the fourth day onwards they can start having plain, boiled vegetable. Rice will be cooked in the earthen pot. The spatula will be made of pine wood. Special care is taken that they are given boiled, warm water for drinking. While boiling water a piece of pine wood is added. They believe that pine tree has medicinal value for recuperation. Women have assistance and support from husband, family members and neighbours. However there are also some women who don't have anyone. For these women, they try not to do "too hard" work but will attempt to carry on 'light' work around the house such as cooking and looking after the baby. However, this work should be undertaken at least ten days after the birth. Husband somehow take care and try to help out with the situation. "When you have a new baby, if you don't take rest then, later on it will

cause you to have bad health” (Maibi). This cannot be applied to everyone. So, women once they regain some strength do not lie idle on the bed. She starts lending a helping hand to household chores and other work even before three months of pollution is completed. However, she tries to avoid rigorous activity. It is believed that performing heavy activity can lead to *angang khao nanthaba* (prolapsed uterus). “If you lift heavy things then you will have *angankhao nanthaba*. It is like the womb collapse and comes out.” (Shanti, 35 years old).

Avoidance of Sex: Women also practice abstinence of sexual intercourse during this period. It is believed that intercourse during this period will cause nupa *mangba*. If a woman has this illness then her whole body will shrink and she will finally die.

Contraception and Sterilization

During the ethnographic phase, women did not mention about the indigenous method of controlling birth. One plausible reason might be the introduction of modern methods of contraception which is easily accessible. The National Family Program in its quest to introduce modern method of contraception all over India has wiped out indigenous methods of spacing and controlling birth. The social and cultural practices which operate through the institution in this community assist in spacing birth and thereby limiting fertility to a certain extent. As Patel ('94) augments, “Rural societies do not just procreate on impulse and are in fact governed by definite indigenous modes of fertility control and not merely guided by an unrestrained biological instinct”. Abstention from sexual intercourse during menstruation and post partum period also plays a significant role in controlling fertility as it prevents couple from being together at the time of ovulation. In addition, sleeping arrangement also prevent couples from having the privacy to engage in sexual intercourse thereby contributing to prevention of conceptions. After having a few children, the woman often sleeps with the young children separates from her husband and thus prevent from conceiving. Breast feeding practice too helps in widening birth intervals. Women continue breastfeeding the infant even after they start feeding them with other foods. This delays the onset of

menstrual cycle and thus prevents a couple from conceiving.

Modern methods of contraception include female sterilization operation locally referred to as *hakchang semdokpa* (modification of the body) in Andro. Few husbands of the women had undergone vasectomy. Some of the women had never used any contraception. A large number of women i.e. 45.9 per cent of women did not use any contraception. The most commonly mentioned types of contra-ception in Andro are Copper-T, oral pill commonly known as Mala-D, and *hakchangsemdokpa*. In Andro, 25.3 percent of women reported using Copper-T. Two women complained of leakage of Copper-T. Some of the women have already taken out Copper-T as their husband complains of pain while having sex. One informant in Andro cites: “My husband took out the Copper-T. He scolded me for using it as it hurts him while having sexual intercourse.” (Piktru, 35 years) Another most frequently used contraceptive in Andro was oral pill with 16.0 per cent of women, and 12.9 per cent of women had undergone *hakchang semdokpa* (sterilization operation). Women believed that taking pill will prevent them from conceiving as it will kill the *mahik* (semen) of male entering women's body.

Type of contraceptive used in Andro (in absolute number and percentage) : None 89(45.9), Condom 0(0), IUD 49(25.3), Oral pills 31(16.0), Vasectomy 0(0), and Tubectomy 25(12.9).

Women in Andro did not report of using condom and vasectomy. However, fear always lurks around that an operation will weaken them and they will experience certain illnesses which they never experienced before. Intra uterine device and condom with 10.5 per cent are the second most commonly used contraceptive. The above illustration on the usage of contraceptive and sterilization operation exhibits that women in Andro have more tendency to use intra uterine device and oral pills which they generally refer to as “mala-D”. Sterilization operation is preferred less in Andro which might be because of inaccessibility of such facility in and around Andro. A large number of women did not report of using any contraceptive in Andro.

CONCLUSION

Women in Andro have their own cultural construction of their body parts and reproductive

organ and its function which is different from the bio medically derived anatomical model. They describe the body parts which could be physically felt from outside and through their own experience about a variety of physiological processes: conception, sexual behavior and childbirth. Moreover, they also visualize some organs lying internally while dissecting household animals for food. The belief that menstrual blood coming out from a lotus shaped sac which is located inside the womb where the baby stays and the presence of many placentas inside the womb of the women succinctly differs from the biomedical model. There are certain hazardous belief and practices followed by women in Andro which will leads to reproductive morbidity. In Andro, during menstruation, women are considered impure and polluting. They do not take bath until their menstrual blood flow ceases for fear of polluting their surroundings. Another cause of concern is the lack of awareness of healthy perineal hygiene. The practice of using *phanek*, old clothes or any other clothes as absorbent during menstruation which might be based on the belief that wearing panties and using sanitary pads will obstruct the flow of the blood coming out of the body thereby making the body ill or a reflection of ignorance, unaffordability of napkins due to poverty as well as the need to hide menstruation due to social practices can raise alarm as such clothes are not disposed of after use. They are washed and reused. However, the cause of concern is that such clothes are not dried in the open under sun rather they are spread out in an area where male members cannot see. Adequate intervention and education regarding maintenance of perineal hygiene is required. A positive side of cultural belief and practice in Andro is of sexual abstinence during menstruation and childbirth based on the belief that sexual intercourse during this period will lead to illness may serve as an effective entry point through which family planning strategies can be introduced. Belief that illness concerning women's reproductive health is considered

as shameful and women suffering from such ailments are stigmatized and marginalized. Such an attitude has resulted in women being reluctant to discuss the situation or to seek health care. Complications due to fear of reprimand hovers around. To surmise, this paper describes the ways in which women in Andro perceive their bodies and body function. It presents women's belief and both observed and reported practices which affect their reproductive health status. This paper highlights that Andro women's cultural construction of body succinctly differ from the bio medically derived anatomical models both spatially and functionally. Women describe their body parts as they feel and experience them. The body parts which women described were those which could be physically felt from outside and through their own experience, be it menstruation, pregnancy, childbirth. Moreover they also visualize some of the body parts while dissecting household animals for food while talking with peers and older female relatives. Knowledge about women's beliefs about a variety of physiological processes: menstruation, conception, sexual behaviour and childbirth, and practices associated with these beliefs, provide insight into potential determinants of gynaecological morbidity and can be an asset in improving health care and responsive to the felt needs of the service user.

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