



Health and Health Culture

North East Experience

Chief Editor

M C ArunKumar

Editors

Pebam Krishna Kumari

Tonjam Joshila Chanu

A
K
A
N
S
H
A

Health is one of such major concerns all over the world that demand multi-disciplinary understanding. There is an intricate relationship between health and health culture. On the other hand, there is also conflict between the two. The HIV/AIDS, STD are becoming threats to the recognitions of particular cultural health while solving the problems associated therewith. Every society has its own health culture; it is unique to the society. This situation of uniqueness of health culture and growing global health concern demands a thorough examination from different perspectives. This book identifies the stringent relationship between health and health culture, as well as conflicts between the two, which are the areas that need intervention. Each chapter contributes to these aspects by narrating the North East experiences.



M C Arunkumar is currently teaching Social and Cultural Anthropology in the Department of Anthropology, Manipur University, Imphal as Professor. He authored as well as edited a number of books. In his credit there are many research articles in the reputed national and international journals. His writings in Manipuri dailies and monthly are well known of critical examination of Manipuri society. He is also known of his documentary films and dramas on different social themes. His creative writings always provoke the audience minds. Presently, he is also the Director, Centre for Manipur Studies in the same University.



Pebam Krishnakumari is a Post-Doctoral Fellow in the Department of Anthropology, Manipur University, Imphal. She has a number of research papers on Reproductive and Sexual Health to her credit. She authored three books on gender, reproductive and sexual health. Her Ph D degree was awarded by Delhi University on the reproductive health of scheduled castes in Manipur.



Tonjam Joshila Chanu, a Post-Doctoral Fellow in the Department of Anthropology, Manipur University, Imphal, is well known of her social engagement in health awareness campaign in the State. Her research papers and books are the signature of her work on the reproductive and sexual health. One of her works is on women's empowerment. She was awarded Doctoral Degree by North Eastern Hills University, Shillong.



AKANSHA PUBLISHING HOUSE

4649-B/21, Ansari Road, Darya Ganj, New Delhi-110002 (INDIA)

Tele/Fax : 011-23263193 E-mail : ektabooks@yahoo.com

www.akanshapublishinghouse.com

Delhi • Guwahati • Lucknow • Visakhapatnam

₹ 1500/-

ISBN: 978-81-8370-442-7



9 788183 704427

Contents

<i>Foreword</i>	v
<i>Preface</i>	vii
<i>Acknowledgements</i>	xv
<i>Contributors</i>	xxi

SECTION I: BELIEFS AND PRACTICES

1. Perception and Practices on Menstruation among Married Adolescent Girls of Golapati Manipur, India	3
<i>—Irengbam Bijeta Devi and M C Arunkumar</i>	
2. Menstruation in Phayeng	13
<i>—Pebam Krishnakumari and M. C. Arunkumar</i>	
3. Why Women Still Prefer Home Delivery?	20
<i>—Tonjam Joshila Chanu and Lembisana Keithellakpam</i>	
4. Fertility Behaviour among Meitei Women	28
<i>—Khangembam Chaoba Devi</i>	
5. Age at Menopause and Associated Physiological Problems among the Vaiphei Tribe of Manipur	39
<i>—Tongbram Rubyrani Devi and Soibam Jibonkumar Singh</i>	
6. Physiological Variations Between Natural and Surgical Menopause Women: A Review	44
<i>—Nivedita Laishram and S. Jibonkumar Singh</i>	
7. Socio-Cultural Life Acts as Coping Mechanism of Mental Distress in a Conflict Region: A Case of Manipuri Society	49
<i>—Sougaijam Priyokumar Meitei and Pebam Nganthoiba</i>	

8. **Persons with Disability: Conflicting Perspectives** 57
—*Anoubam Laxmi Devi*
9. **Induced Abortion among the Women of Phaknung, Manipur** 62
—*Lairellakpam Aruna Devi*
10. **Cultural Construction of Thongjao Women's Identity** 68
—*Th. Bimola Devi and W. Nabakumar*

SECTION II: HEALTH SEEKING BEHAVIOUR

11. **Comparative Health Care Practices based on Religion among the Rongmeis of Thenjang Andkokadan Villages, Churachandpur District, Manipur** 79
—*K. Somarani Devi*
12. **Utilization of Traditional and Modern Health Care Services in Ukhrul District of Manipur** 91
—*Sword Ronra Shimray and M. Tineshowri Devi*
13. **Towards the Acceptance of Spiritual Healing in Hmar Society: A Contextual Analysis** 105
—*Elma Lalramthar*
14. **Modesty and Healthcare for Muslim Women in Katigorah Block, Cachar, Assam** 111
—*Nazia Parveen*
15. **Nutritional Healthcare of the Lactating Mothers of Imphal West District of Manipur, India** 119
—*Ngangom Bembem Devi*
16. **Yoga for Mental Health in Conflict Situation: A Review** 132
—*Nilkamal Singh*
17. **Traditional Etiology and Indigenous Treatment of Wind-related Disease (Pon) among the Kabuis of Manipur** 138
—*Maringmei Philip and Mayanglambam Manibabu*

SECTION III: CALL FOR ACTION

18. **Adolescent Hypertension on Rise: A Review** 157
—*Sanjenbam Yaiphaba Meitei*

19. **Age-Related Anthropometric and Physiological Changes among Aged Ruangmei Men and Women of Thenjang and Majurol, Churanchanpur District, Manipur** 165
—*Siro Shanchuila Victoria and Ak. Bojen Meetei*
20. **Nutritional Status of Adolescent Meitei Girls: An Anthropometric Assessment** 177
—*R. K. Neeta Devi and Laishram Ibohal Meitei*
21. **Anthropometric and Physiological Variations of Ruangmei Pre- and Post-Menopausal Women of Thenjang and Majurol Village, Churanchanpur District, Manipur** 188
—*N. Anjali Chanu and Ak. Bojen Meetei*
22. **Health of Ageing Women** 198
—*Laishram Ipiton Chanu and Ksh. Birbal Singh*
23. **Age Changes in Body Composition among Meitei Women of Imphal East and West District, Manipur** 211
—*Oinam Bhabini Devi*
24. **Why Tooth Extraction? A Case of Dental Health at Tamenglong District, Manipur** 225
—*Thuanchuiliu Dangmei*
25. **Stressful Life Events, Coping Skills and Depression: A Comparative Study of HIV Positive and Normal Women** 230
—*Khoibi, N and Akshaya Kumar, M*
- Index* 239

Contributors

Anoubam Laxmi Devi is a Research Scholar in the Department of Anthropology, Manipur University

Elma Larangther is a Research Scholar in the Department of Anthropology, Manipur University

Irengbam Bijeta Devi is a Research Scholar in the Department of Anthropology, Manipur University. She can be contacted at irengbambijeta@yahoo.com

K. Somarani Devi is Lecturer in P.G. Department of Anthropology, D.M College of Science She can be mailed at ksomarani123@yahoo.com

Khagenbam Chaoba is in the Department of Anthropology, Manipur University

Ksh. Birbal Singh is Associate Professor in the Department of Physical Education, DM College of Science, Imphal.

Lairellakpam Aruna Devi is in the Department of Anthropology, Manipur University. She can be reached at arunalair@gmail.com

Laishram Ibohal Meitei is Research Scholar, Department of Anthropology, Manipur University, Canchipur - 3. He can be contacted at ningthemlai@gmail.com

Laishram Ipiton Chanu is Assistant Professor in the Department of Home Science, Mount Everest College, Senapati. She can be reached at ipiton.khuman@gmail.com

Lembisana Keithellakpam is in the Department of Anthropology, Manipur University

M AkshayaKumar is Retired Professor and HOD, Department of Clinical Psychology, Regional Institute of Medical Sciences, Imphal, Manipur

M. C. Arunkumar, currently Professor in the Department of Anthropology, Manipur University. He can be reached at mcarun60@yahoo.com

M. Tineshowri Devi is Associate Professor in the Department of Social Work, Assam University, Silchar. She can be reached at moirangi@yahoo.com

Maringmei Philip is a research scholar in the Department of Anthropology, Manipur University.

Mayanglambam ManiBabu is teaching prehistoric archaeology in the Department of Anthropology, Manipur University. He is Associate Professor.

N Khoibi is a Clinical Psychologist in the Institute of Behavioural Science, Gujarat Forensic Sciences University, Gandhinagar, Gujarat. E-mail: nkhoibi16@gmail.com

N. Chanu Anjali is in Department of Anthropology, P.G. Department of Anthropology, D.M.College of Science

Nangom Bembem Devi is Nutritionist, PCOE, JNIMS, Imphal. She can be reached at bem_ng@rediffmail.com

Nazia Parveen is in Assam University. She can be reached at pnazia64@yahoo.com

Nilkamal Singh is Research scholar in Department of Yoga Research, Patanjali Research Foundation, PatanjaliYogpeeth, Haridwar-249405, Uttarakhand, India. He can be mailed at naosekpamkamal@gmail.com

Nivedita Laishram is a Research Scholar in the Department of Anthropology, Manipur University. She can be reached at niveditalaishram000@gmail.com

Oinam Bhabini Devi is Assistant Professor in the Department of Anthropology, Damdei Christian College, Motbung. She can be reached at oinam_bhabini@rediffmail.com

Pebam Krishnakumari is currently Post Doctoral Fellow in the Department of Anthropology, Manipur University She can be reached at pebam14@yahoo.co.in

Pebam Nganthoiba is Assistant professor in VidyaVikas, P.G. College of Social Work, Mysore

R. K. Neeta Devi is Research Scholar in the Department of Anthropology, North Eastern Hill University, Shillong-22. She can be reached at rkneetadevi@gmail.com

S. Priyokumar Meitei is a Research Scholar in the Department of Anthropology, Manipur University. He can be mailed at priyo7.gfatm@gmail.com

S. Yaiphaba Meitei is Assistant Professor in the Department of Anthropology, Manipur University. He can be mailed at yaipha_meitei@yahoo.co.in

Siro Shanchuila Victoria is Research Scholar in P.G. Department of Anthropology, D.M.College of Science

Soibam Jibonkumar Singh is currently Professor&Head in the Department of Anthropology, Manipur University

Sword Ronra Shimray is a Research Scholar in the Department of Social Work, Assam University, Silchar. She can be reached at swordrs@gmail.com

Th. Bimola Devi, Research Scholar, Dept. of Anthropology, Manipur University

Thuanchuiliu Dangmei is in the Department of Tribal Studies, IGNTU-RC Manipur. She can be reached at luludangmei@yahoo.com

Tongbram Rubyrani Devi is a Research Scholar in the Department of Anthropology, Manipur University. She can be mailed at trubyrani@gmail.com

Tonjam Joshila Chanu is currently Post Doctoral Fellow in the Department of Anthropology Manipur University. She can be reached at joshila.leima@gmail.com

W. Nabakumar, Professor, Dept. of Anthropology & Director, Centre for Myanmar Studies, Manipur University.

CHAPTER 1

Perception and Practices on Menstruation among Married Adolescent Girls of Golapati Manipur, India

Irengbam Bijeta Devi and M C Arunkumar

INTRODUCTION

Menarche is the first menstrual period, or first menstrual bleeding in the females of human beings. From both social and medical perspectives it is often considered the central event of female puberty, as it signals the possibility of fertility. As a proxy indicator of adulthood and a traditional announcement of a girl's sexual availability, menarche brings on an array of negative practices including sexual harassment, withdrawal of economic support from home, and sudden pressure to marry, to take a boyfriend (for economic reasons), or to leave the community to find work (Apter, 1980).

The relationship between culture and menstruation is expressed in many ways. A variety of menstrual-related traditions exist. A woman's culture, reference group, educational status, and religious inclination largely influence her perception of menstruation (Biological Transitions, 2002). The significance and appreciation of menstruation differs within communities of various societies. Some cultures and traditions impose observance and taboos during menses (Garg *et al.*, 2001) with restrictions of bathing, clothing, food, social interaction and sexual relationship (Geffen N., 2010).

Living in a society, a person may be exposed to multiple knowledge system with modern medicine being one of them. Advocates of modern medicine may argue that many cultural or traditional beliefs, despite being fiercely held, are false. The scientific method is the best way to ascertain true facts about the universe and

correct the often dogmatic beliefs that we acquire via tradition. (George A. 1994) According to the WHO, 2012, traditional practices have been adopted in varying regions without undergoing proportional advances in methods for evaluation, which modern medicine has championed, primarily resulting from a lack of diagnostic and analytical parameters.

However, traditional medicine is still relevant in preventing and treating diseases in our modern society. When traditional practices fell short, the developed world transitioned to modern medicine; however, now that modern medicine is falling short, many developed countries are transitioning back to traditional, alternative medicine.

The conflict between traditional beliefs and modern medicine is seen among the married Muslim adolescent girls of Golapati when it comes to their menstrual beliefs and practices. The paper is based on in depth interview conducted among married Muslim adolescent girls of Hatta Golapati, an urban Muslim area of Manipur.

Menarche - A girl's transformation from a carefree child to a sexually developed individual bounded by restrictions and obligations

A girl is considered as '*balik phaba*', '*meeoi suba*' or a fully fledged human being with matured sexual organs with the onset of her menarche according to the prevailing traditional beliefs in Golapati. She can no longer depend on her parents for basic amenities as it is considered as sinful. If she eats food from her parent's house, then the food she consumed is considered as 'poisonous' and 'evil' to her body. Menstruation is an indication that the girl should now be self reliant and be economically independent from her parents. Various codes of conducts are now being introduced with respect to her interaction with elders and it is the foremost duty of the parents to teach proper behavior to their daughters. They also believe that menstruation increases a girl's sexual desire and her tendency to mingle with the opposite sex making her prone to inappropriate behavior. She should therefore, try to control her needs and desires and avoid mingling with the opposite sex. Having a husband would ensure the morality of the girls since he would protect her and satisfy all her needs. Therefore, early marriage is usually favored in their society and their religion also sanctions early marriage. They believe that early marriage usually solves the problem of being economically independent from her parents after menarche and controlling the sexual desire.

Most of the adolescent girls living in Golapati are either migrant laborer or children of daily wage laborer who had migrated to the city. Only a small fraction of the population is original inhabitants of the area providing rented accommodations to the ever increasing migrant population in the area. Since they are living far away from their kin in the villages, many of them took liberty in their interaction with opposite sex. Regardless of the religious sanctions, many of the adolescent girls try to live like normal teenagers and do not restrict themselves from going out for date

with boys, mingling with them and making friendship with them. Many of them felt that menarche served as a trigger point for early marriage since it marks a stage in her life whereby all her interactions with the opposite sex began to be scrutinized by the neighbors thereby leading to frustration and a feeling of social restriction.

Waheeda, 18 (Name changed)

“Some of the girls try to take advantage of living far away from their relatives in this congested area filled with migrant population by engaging in inappropriate behavior with the opposite sex. But many of us try to keep our chastity intact. We make friendship with boys but we know our limits. As soon as my first menstrual period started, suddenly every lady in the neighborhood began scrutinizing my interaction with the opposite sex. Even a simple interaction would invite scorns and sarcasm from people. I got very frustrated and eloped with my boyfriend.”

TRADITIONAL BELIEFS ASSOCIATED WITH MENSTRUAL HYGIENE

There is a traditional belief that menstrual blood should be allowed to flow freely and it is unhealthy to block it by using sanitary pads and cloths. It could lead to blood clot and hamper their health and general well being. Allowing the menstrual blood to flow freely would solve the problem of menstrual cramps and would lead to a glowing clearer complexion. The girls usually wore an inner skirt or “*semez*” and use rubber sheet on bed while sleeping during menstruation. Cloth is also preferred over sanitary pads if at all they have to use it as cloth allows menstrual blood to flow better and does not block the menstrual blood like sanitary pads. Sanitary pads therefore should never be used.

According to the women of Golapati, one can only take bath on the third or fifth day when menstrual flow ceases. She cannot take bath during the intervening periods and can only wash her private parts after urination. A girl is considered as ‘impure’ during menstruation, so bath is denied just like the way she is forbidden from praying during menstruation. Moreover, avoiding bath during menstruation is considered as healthier; a means to prevent illness during this ‘fragile’ period of menstruation. A girl should wash her hair and take bath properly on the fifth day of menstruation thereby cleansing and purifying her body once again.

Shamina, 17 (Name changed)

“Due to fear of menstrual cramps and menstruation related illness, I never use sanitary pads nor take bath during menstruation. I follow our traditional custom of allowing free flow of menstrual blood though it is very inconvenient sometimes.”

Religious Beliefs on Menstruation

In Golapati, there is a prevailing traditional belief that it is religiously right to get married as soon as a girl gets her menarche. A girl's sexual appetite and tendency to indulge in immoral behavior increases with the onset of menarche. Marriage would prevent such untoward incidents as her husband would become the 'guardian' of her morality and chastity. She is no longer the innocent and carefree child. She is now a matured individual capable of committing sin and bringing dishonor to her family. It is now sinful to depend on her parents or to interact with opposite sex. She is bound to follow the religious sanctions and codes of conduct in order to remain blessed and not be damned. It is the foremost duty of the parents to help their daughters in reciting Koran and making them more religious. She can no longer ignore her religious sanctions and values.

A girl should pray to Allah to make her menstrual cycle regular and not to let it exceed the normal five days. A menstrual cycle that exceeds five days is abnormal and a thing to be worried about as it may be an indication that something is horribly wrong with her reproductive health. As one of the respondent said:

"Only God has the supreme power to bless me with a normal menstrual cycle thereby ensuring my fertility and vitality."

During menstruation a girl cannot go down to river or pond as she may get inflicted by *Iraileima* spirit and most of the adolescent girls in Golapati usually abide by this prohibition.

Beliefs on Menstruation Associated with Reproductive Health

Menstruation is an indication that the sexual organs are fully developed. It is sign of having viable and healthy reproductive organs. Many of them depend on menstruation to check their fertility, pregnancy and reproductive health status. There is a prevailing belief among married adolescent women of Golapati that having sexual intercourse during menstruation can cause cancer by making the blood impure. Many of them strictly avoid sex during menstruation as they consider it as a natural birth control method. They believe that a woman's fertility is at its peak during menstruation. Such beliefs are based on information provided by sources like *leikai mou* or married women from the same locality.

Shamina, 19 (Name changed)

"Menstruation is a time to avoid sexual intercourse with my husband as chances of getting pregnant is highest during this period. It is a natural method of birth control and I am not using any other birth control methods currently. I'm always scared of the side effects of modern methods, so I'd rather stick with this one."

An irregular or abnormal menstrual cycle may signify numerous things to the married adolescent girls in Golapati. To some of the women, an irregular menstruation can be a consequence of exploiting her reproductive parts by undergoing Medical Termination of Pregnancy (MTP) without the help of medical professionals and a constant reminder of the pain she underwent.

Rahena, 18 (Name changed)

“I conceived as soon as I got married at the age of 14 years. Me and my husband were very embarrassed about the pregnancy so we decided to abort. My husband bought an abortion tablet after consulting a local pharmacy and I took the abortion pill right away. I did not stop bleeding for two days and ultimately went to a doctor to clean up properly. It was painful. Since that day, my general health degenerated and my usually normal menstrual cycle became irregular and abnormal. I can no longer rely on it to check my pregnancy status. Sometimes I missed my period for more than four months. I fear whether I have become infertile. I wish for the day when my menstrual cycle would become normal and regular again. It is a constant reminder of the difficult MTP I underwent in my life and how I exploited my own body. I truly regret it.”

It can be an important source of worry in their life as abnormal menstrual cycle usually follows other reproductive health problems like white discharge. Due to lack of adequate information on menstrual cycle and their inhibition to consult doctor, many of them misinterpreted menstrual absence due to pregnancy as irregular menstrual cycle. This usually happens after childbirth coupled with the notion that her body is not yet ready to conceive since she had recently given birth. As one of the respondent stated:

“When I conceived three months later after the birth of my first child, I thought it was just a missed period as my menstrual cycle used to be quite irregular. Besides, I always thought that you do not menstruate for a long time after childbirth. I came to know about my pregnancy only when it was past 5th month and I could not abort.”

Although menstrual problem can be a source of worry and anxiety for many of them, menstrual problem is not considered as significant as other reproductive health problem to be consulted with a doctor. Even when help is readily available in the form of a lady doctor who is also a neighbor and relative, they never really brought up this embarrassing topic as they believe that menstrual problems will resolve on its own with the passage of time.

Colored and oily food are also avoided during menstruation as they believe that it would hamper their reproductive health and darken their complexion. They believe that since they are bleeding blood red, anything colorful can change their complexion and they ought to consume colorless food that are plain and simple in order to maintain the beauty of their skin.

Modern Medicine Perspective on Menstruation: A Contradiction to Traditional Beliefs

Modern medicine may have a different perspective on menstruation as compared to their traditional beliefs. To begin with, menarche itself does not typically signal the start of ovulation. A girl may undergo several rounds of menses before her first definite ovulation more than a year after menarche. The bleeding associated with these anovulatory cycles represents estrogen-withdrawal bleeding rather than full scale menses. A pattern characterized by long, variable and anovulatory cycles, combined with ovulatory cycles having inadequate luteal-phase rises in progesterone, appears to be typical of the perimenarcheal transition in all women.⁷ In postmenarchal girls, about 80% of the cycles were anovulatory in the first year after menarche, 50% in the third and 10% in the sixth year.⁸ Regular ovulation is usually indicated by predictable and consistent intervals between menses, predictable and consistent durations of menses, and predictable and consistent patterns of flow (e.g., heaviness or cramping). Continuing ovulation typically requires a body fat content of at least 22%. An anthropological term for this state of potential fertility is nubility.⁹

Generally, full reproductive function does not occur until several years after menarche, and regular ovulation follows menarche by about two years. Unlike boys, therefore, girls generally appear physically mature before they are capable of becoming pregnant.¹⁰

With respect to menstrual hygiene, nearly 97% gynecologists in the study “*Sanitary Protection: Every Woman’s Health Right*”, by Plan India believed that use of napkins reduced the risk of severe RTIs. Unhygienic cloths or other unhygienic methods should not be used. A lady doctor in Golapati also stated that, regardless of the traditional beliefs, women menstruating should take bath everyday and change sanitary pads frequently. Unhygienic practices could lead to infections.

According to the American College of Obstetricians and Gynecologist, dysmenorrhea or menstrual cramps may be of two types namely, primary dysmenorrhea and secondary dysmenorrhea. Primary dysmenorrhea usually is caused by natural chemicals called prostaglandins while secondary dysmenorrhea is caused by a disorder in the reproductive system.¹¹ Laura Berman, a leading sex and relationship educator and therapist, and assistant clinical professor of ob-gyn and psychiatry at the Feinberg School of Medicine at Northwestern University in Chicago believes that having sex on your period is absolutely safe. The myth that it’s dangerous originates largely from religious texts. Many people wrongly believed that women were “dirty” or “unclean” while menstruating, and for this reason, contact with menstruating women was limited or forbidden entirely. In fact, some religions still adhere to these practices; however, medically and secularly speaking, there is no reason not to have sex on your period.¹²

Even though colored and oily is prohibited according to their traditional beliefs, leafy greens can benefit our body in several ways during that time of the month, opined various doctors. Not only are they rich in iron and B vitamins; their high fiber count also can help with digestive issues often associated with menstrual cycle. Eating fresh fruits of varied colors also helps a lot in menstrual related digestive problems.¹³ A report from Dr. Phyllis Johnson, of the U.S. Department of Agriculture's Human Nutrition Center in Grand Forks, North Dakota, recommends that women with menstrual discomfort increase their manganese consumption. Fruits are high in manganese, but one of the richest manganese food sources is pineapple. Pineapple also contains high levels of bromelain, an enzyme thought to help relax muscles and therefore prevent menstrual cramping.¹⁴

According to the lady doctor in Golapati, menstrual problems are significant and should be consulted with a doctor if the problem persist and becomes unbearable in order to rule out any underlying health problem. Menstrual problems should not create any problem in the everyday lives of the women.

Menstrual Practices

When it comes to menstrual practices it was seen that many of them prefer to follow their traditional preaching and beliefs on menstruation. They are scared to go against their traditional beliefs as they believe that it is superior to the modern medical knowledge. Their elders and foremothers have been following such traditional beliefs and they ought to follow their footsteps.

Mema, 17 (Name changed)

“I eloped with my boyfriend as soon as I got my first menstruation as I don't want to be damned for depending on my parents any longer”

Zarina, 18 (Name changed)

“I avoid sexual relation with my husband during menstruation as I don't want to make my blood impure and get blood cancer.”

However, many of them also adopted the modern beliefs on menstruation influenced by medical knowledge. Though they may grow up in a traditional Muslim society bounded by traditional beliefs, they try to understand the prevailing modern knowledge on menstruation through friends and people well equipped with its knowledge. The influence of education and schooling, no matter how short it may be, and media plays a great role in giving modern medical knowledge to the adolescent girls of Golapati.

Nazima, 15 (Name changed)

“I have to use sanitary pads as I go to school. Though it may cause menstrual cramps, I feel more hygienic using it.”

Leirang, 17 (Name changed)

“I enjoy doing what girls of my age normally do; like going for date with boys, mingling with them and making friendship with them regardless of our religious sanctions on menstruation. I know that am still young for marriage or childbirth.”

There are also those whose menstrual practice may not be influenced by either traditional beliefs or modern medicine. Their practice may be influenced more by factors ranging from personal convenience to social circumstances. For example many of them feel lazy to wash cloths so they use sanitary napkins instead as it saves a lot of ‘dirty linens’. Some of them do not use sanitary pads as they could not venture out of the house to buy it or do not have money to spend on it. Like one of the respondent stated:

“I feel disgusted to see my own menstrual blood *let alone* washing my inner clothes soaked with menstrual blood. So I secretly use sanitary pads as I can dispose it off easily”

Conflict between Traditional Beliefs and Modern Medicine

It was seen that the married Muslim adolescent girls of Golapati are in a dilemma in one aspect of menstrual practice or the other. Since they live in an urban area with mixed population, they cannot escape the light of modern medicine no matter how traditional their upbringing may be. Due to this, many of them follow traditional preaching on one aspect of menstrual practice while they may follow modern preaching on another. A 17 year old respondent stated:

“I take bath on the 5th day of menstruation only but the lady doctor in my neighborhood told me that it is very unhygienic, that I should be taking bath everyday and wash myself properly. Tell me whom should I follow?”

Another respondent stated:

“Even though it is forbidden, I have to go down to the river to wash clothes and get water for domestic consumption during menstruation. I know that there is no harm in doing so in this modern world but sometimes when I feel sick and dead tired, I suspect weather Iraileima spirit has been inflicted upon me for disobeying the sanctions”

The above verbose explicates the conflicting situation of traditional and modern beliefs. In many cases, they cannot whole heartedly follow either traditional or

modern beliefs. Many of them are in a dilemma and confused as there is a conflict between these two schools of thought. On one hand, they cannot escape from their traditional mindset and on the other hand, they are being influenced by the modern medical knowledge every day.

CONCLUSION

Prevalence of various traditional beliefs associated with menstruation can be seen among the married Muslim adolescent girls of Golapati. Many of them strictly adhere to the traditional beliefs while there are those who tend to follow the knowledge provided modern medicine. But it was seen that they cannot whole heartedly follow either traditional knowledge or medical knowledge in certain aspects of menstruation. A strictly traditional girl may be influenced by modern knowledge somehow as she has to live in the urban area with mixed population and cannot turn a deaf ear to the prevailing knowledge on modern medicine. A girl who believes in the modern medicine cannot really escape from the traditional beliefs that have been ingrained in her sub consciousness since childhood. Though modern medicine can make an impact in health care practices, in certain areas, it cannot integrate wholly into the culture and society. This makes the traditional beliefs and practices a vital part of their health care system. The opening of their society to modernity has influenced their traditional beliefs to some extent and the light of modern medicine has created confusion making them question their traditional belief. But on the other hand, they cannot escape from the clutches of their traditional beliefs as they grew up along with those beliefs. As long as they live in their traditional society existing amidst the ever growing medical knowledge of the modern world, they will be in a dilemma with respect to their menstrual practice.

REFERENCES

- Apter D. 1980. Serum steroids and pituitary hormones in female puberty: a partly longitudinal study. *Clin Endocrinol (Oxf)*. 12 (2): 107-20.
- Biological Transitions 2002. *The fundamental changes of adolescence*. McGraw-Hill Higher Education.
- Garg S, Sharma N and Sahay R. 2001. Socio-cultural aspects of menstruation in an urban slum in Delhi, India. *Reprod Health Matters*, 9(17):16-25.
- Geffen N. 2010. In Defence of Science: Seven points about traditional and scientific medicine. Available on <http://www.aidstruth.org/features/2010/defence-science-seven-points-about-traditional-and-scientific-medicine>.
- George A. 1994. *It happens to us: menstruation as perceived by poor women in Bombay*. In: Gittelsohn J, Bentley ME, Pertti JP, Nag M, Pachauri S, Harrison AD and Landman LT (eds). *Listening to Women Talk about their Health: Issues and Evidence from India*. New Delhi, India, Har-Anand Publications, 168-83.
- <http://www.everydayhealth.com/sexual-health/dr-laura-berman-sex-during-period.aspx>, accessed on 21st December, 2014.

<http://www.livestrong.com/article/99082-foods-eat-period/> accessed on 21st December, 2014.

<http://www.sheknows.com/health-and-wellness/articles/950629/5-foods-you-should-eat-during-your-period> accessed on 21st December, 2014.

Marino JL, Skinner SR, Doherty DA, Rosenthal SL, Cooper Robbins SC, Cannon J and Hickey M. 2013. Age at menarche and age at first sexual intercourse: a prospective cohort study. *Pediatric*. 132(6):1028-36.

McMaster J, Cormie K, and Pitts M. 1997. Menstrual and premenstrual experiences of women in developing country. *Health Care Women Int.*, 18(6):533-41.

Patwardhan B and Mashelkar RA. 2009. Traditional edicine-inspired approaches to drug discovery: Can Ayurveda show the way forward? *Drug Discov Today*, 14 (15-16): 804-11.

Scott L, Dopson S, Montgomery P, Dolan C and Ryus C. 2009. *Impact of providing sanitary pads to poor girls in Africa*. University of Oxford studies.

Wood J W. 1994. *Dynamics of Human Reproduction: Biology, Biometry, Demography*. New York: Aldine De Gruyter.

www.acog.org/-/media/For%20Patients/faq046.ashx, 11th accessed in December 2014.