

## SOCIO-CULTURAL FACTORS IN HEALTH CARE PRACTICES OF WOMEN AMONG THE LOIS OF MANIPUR- AN ANTHROPOLOGICAL STUDY

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**Abstract:** By nature, a woman is crucial to the endowment of health services for family and society as a whole. Therefore, cares for the health of women, not only for the women themselves but also for the well-being of their children and the functioning of households. However, unfortunately, women are more sickly and inactivated than men throughout the life cycle in Indian societies, as many of the government data have displayed. It has been witnessed that women are particularly vulnerable where basic maternity care is unavailable. The present paper attempted to highlight the socio-cultural patterns and other associated anthropological factors that influence the health status and health care system among the Lois women of Andro village, Manipur. It also tried to focus on the problems faced by women during physiological changes in their lives, viz. menstrual period, pregnancy and childbirth, and their health-seeking behaviour during these periods. The study is based on the interview of 28 mothers during my fieldwork. The study was conducted at Andro, Manipur- a village inhabited by the Lois community that belongs to the schedule caste category, which is 25 km away from Imphal City.

### Introduction

Women's health and nutritional status are influenced by multiple factors, including biological, social, cultural and economic factors, and these consequences are not only paid by women but also by their children and the functioning of households. For society as a whole, the woman is the key to the endowment of health services for family and society as well as for the nation. Philosophical studies reported that women are more sickly and disabled than

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men throughout the life cycle. These have suggested that women are particularly vulnerable where basic maternity care is unavailable (Capila, 2004). Moreover, cultural factors like early marriage and early childbirth could be responsible for the onset of women's health problems, both physically and mentally. Women are characterised by little autonomy and more dependency on men where certain cultural practices and social milieu make them live under the control of first their fathers, then their husbands, and at the later stage of life, finally under the dominancy of their sons. Besides these, faulty care practices during physiological changes in life, pregnancy, lactation, and menstrual periods etc., have also greatly exerted a negative impact on the health and mental status of women (Chatterjee, 1990; Capila, 2004).

In a patriarchal society, particularly in India, the health of women is basically linked to their social status. Many times research on women's status has shown that the contributions of women to families were often ignored, and instead, they are viewed as economic burdens. Women are at risk to health at every stage of their lives, starting from childhood to old age, such as poor nutritional status of girls, maternal deaths, anaemia, work-related health risks violence etc. Indian women and young girls are generally vulnerable to poor nutrition, especially during physiological changes of menstrual period, pregnancy and lactation.

### **Research Objectives**

The present paper focussed on exploring the socio-cultural and other anthropological factors influencing the health care practices of women among the Lois community in Manipur. The study emphasized with special reference to physiological changes during menstruation, pregnancy, childbirth and post-partum periods. It also tried to assess health-seeking behaviour, information, and facilities among Lois women. It is imperative to determine the existing health practices of Lois women of Andro village during their reproductive ages.

### **Materials and Methods**

The present paper is part of an academic study conducted in Andro village in the Imphal East district of Manipur. The village is inhabited by the Lois community, which belongs to the Scheduled Caste category. The result is based on the interviews of 22 married women aged between 25-45 years. The analysis is exclusively based on those women who have younger children as they have experienced the health practices, particularly during pregnancy, delivery and lactating period. All the women are literate, all of them are educated up to intermediates classes; and by occupation, maximum of them were engaged in income-generating tasks such as pot making, weaving, alcohol brewing, agricultural and cultivation works, etc., and they make contributions to the family total income.

Through the method of simple random sampling, the eligible candidates of the present study were administered through the list from Anganwadi centres in the village. A pre-set

interview guide was used as the primary tool, and all the interviews were conducted in the local language.

### **A Brief of Andro Village and Lois Community**

Andro is a tiny village, covering approximately 2,990 sq. km, and situated on the fairly isolated eastern border of Imphal East district of Manipur, located at the foothill of Nongmaiching / Baruni hill in about 25 km, away from Imphal city. According to the 2011 Census, the human population of Andro village is 8744, of which 4,307 are males while 4,437 are females.

The Lois got their own traditional system of food habits and largely depended upon the cultivation of rice, wild vegetables and animals. Brewing local rice beer (Yu) is also a major source of their livelihood as well as customs. The traditional system of local wine preparation was generally practised in around 70-80% of families. As a customary practice and respect for the guest, it is generally a tradition to offer a glass of wine to guests (Lairenlakpam B. Devi. 2002). Lois are patriarchal, patrilineal and patrilocal. Elder sons also move away to neo-local families, whereas the youngest son remains with parents looking after them in their old age. 78 per cent of the households are nuclear, while the remaining 22 per cent are joint families.

Considering the health care system and healing practices in the village, one can see the practices of medical pluralism. There is one Primary Health Centre, where there is one doctor, three nurses, two health supervisors, three health workers, one laboratory technician and one microscopist. The main activities carried out in the centre are routine curative care, tuberculosis detection, a normal check-up for maternal and child health services, including diarrheal disease control, immunization and family planning. Currently, the PHC have no facilities for delivery (in the pipeline). The hospital nearest to the village is Jawaharlal Nehru Institute of Medical Sciences, Imphal, which is approximately 21.8 km from the village. There are three pharmacy shops in the market area of the village. There are several traditional healers, *maibas* and *maibis*, and bone setters in the village. They are taking important roles in health care practices, serving people from childbirth to treating various ailments ranging from children's illnesses, and women's illnesses to men's diseases.

At present, Andro village is facing various difficulties due to deprived health care and other developing infrastructures, which are further aggravated by very poor roadways and means of transportation that connect to Imphal city and other nearby semi-urban areas of the state (Khundongbam, 2017). Public transport buses and jeeps are the main means of commuting, though the frequency of such services is very low. Thus reaching hospitals is very difficult for the villagers; they have to commute at least two to three vehicles from different stops. Hence, women are experiencing lots of difficulties with health care,

particularly during pregnancy. This might be the consequence of more home deliveries in the village with the help of traditional birth attendants' women, locally called *maibi*. Even women who preferred to get childbirth at the hospital were left with limited chance, particularly when the labour pain started at night. Women have claimed that many of the females in the village faced gynaecological problems that occur during pregnancy and childbirth, like maternal bleeding, infections etc.

## Result

Bio-medically, it is established that faulty health practices during days of menstruation, pregnancy and lactation affect lots to the health status of women. Patterns of eating and food fads and food ideologies, particularly during these physiological stages of life, showed a great impact on the health of women. It is, therefore, necessary to understand the knowledge and practices of the indigenous population during such crucial periods of one's life, how women take care of themselves, and other sociocultural factors that influence their health status.

Besides the above-discussed difficulties and challenges in the village, women also suffered from workloads during pregnancy and lactation. In the village, women work hard even during pregnancy, lactating and childcare periods. It is culturally determined they should take part in household activities like cooking, fetching water, collecting wood, washing clothes and cleaning houses. Traditionally it is the women who play the prime role of making available water at the doorstep, so they have to walk out to fetch water for multiple utilities. Pond and stream water are available in nearby places; however, for drinking and cooking purposes, the main sources of water are spring water, handpump and tap water. Therefore, women have to go out to fetch water. Thus, with this over-burdened domestic work, women rarely got time to take care of themselves. All these were connected with women often complaints of back pain, broken bones, miscarriage and fractures, mostly during pregnancy and post-spectrum periods.

Cultural patterns of eating of Lois were observed; they maintained the three patterns of eating meals, in morning, evening and at night, where morning and night meals were regarded as the main and proper ones while the evening meal was to be substituted in between the meals. The community are non-vegetarian, and rice is the staple food in all the seasons. Their meals comprised mainly of rice and one type of dish, either vegetables or meat or fish or dhal. Among Lois, meals were usually served based on sex and age categories. Fathers and male members of every household consumed it independently. All children below adolescence and above one year are given meals together on the same plate, while adolescent girls can be accompanied by mothers, and the mothers have their meals after serving the groups.

## Section 1: Menstruation

Biologically, the onset of menarche symbolizes the attainment of physical maturity and the ability to reproduce offspring. However, this point of women's life is socially and culturally structured and is defined differently by different communities. The menstrual period is locally known by the Lois population as *Thagi-khongkap-lakpa* (etiologically meaning having of the monthly period) or *mangba* (which locally means impure). Culturally, the onset of menstruation is symbolized as the attainment of *leisabi* status, a stage of an unmarried maiden. The onset of menstruation has social significance in a girl's life. Once a girl attains her menstrual period, she is imposed with certain restrictions like mingling with boys, roaming here and there, and is carefully guarded by male members till her marriage.

### *Menstrual Practices*

Profound studies have resulted in one of the interesting practices relating to the menstruation period is observed as pollution and impure, and women were confined separately during this episode, which is prevalent across many states in India (Jeffery and Jeffery, 1989; Khanna, 2005; Nichter, 1986). A similar concept of pollution and impurity during menstruation is reflected in the present study. Popular belief is that menstrual blood is bad and, thus, is considered polluted; thus, traditionally, a woman during her menstrual period was confined separately inside a room. Till today's generation, the general concept of impurity and pollution during the menstrual period still prevails in Lois society. Thus during this period, women were prohibited from preparing food, mingling with male family members and also forbidden from entering the culturally defined areas of Gods and Goddesses, but women are describing certain changes that the young generation are not confined themselves in a room.

Women have to wait for 5-7 days from the first day of their menstruation, in any case, to attain back purity and also need to take baths, which is when the menstrual period is over. Taking a bath during the menstrual period is regarded as bad for health, with the belief that bathing aggravates stomach aches. The day when the menstrual period is getting over is locally called as 'day of washing hair', which falls on the 5<sup>th</sup> or 7<sup>th</sup> day, cleaning oneself of the "polluting" menstrual blood. On this day, she has to wash every clothes she uses during this period, including bed, pillow covers, mosquito net etc.

Some of the women shared certain health issues during menstrual periods, like unbearable pain and cramps and irregular menstrual flow. During such health problems, they used home treatment/self-treatment like placing hot water bags on the lower abdomen and back, consuming red tea, ginger water, gruel etc., to relieve pain and cramps, and to relieve from irregular menstrual flow using local rice beer 'Yu'. Few women use over-the-counter modern medicines like aspirin and ibuprofen for pain and cramp during the menstrual

period. Such problems are considered normal/ minor issues and do not consider consulting any health care practitioners.

In Andro, most girls and women do not wear panties and sanitary pads when they are at home. Many females wear two to three *phanek* (lower garments), one over the other, during the menstrual period. They perceived blood coming out during the menstrual period as bad and nasty, which needed to drain out fully; if not, then she would become ill and weak, lethargic and dull. They perceived that if this bad blood remains inside the body, then one's health will deteriorate. Thus many women described that wearing panties during menstruation obstructs the flow of this bad blood coming out. However, they go outside, and they wear panties with cotton clothes folded over panties preventing blood stain on the outer cloths.

*One woman stated that “...wearing tide clothes like panties and pants obstructs flow, so these days girls are becoming weak, lean and thin, and their complexion is not glowing”*

*Another woman claimed that “ during mangba loosely the phanek help in easy flow of the blood, and one will not feel much pain and ache.”*

### ***Nutrition during the Menstrual Cycle***

Referring to the quantity of food intake during the menstrual period clearly revealed that most of the women ate less food than their normal diets on their normal days. Most of the common reasons stated were ‘don’t feel like eating’, don’t feel hungry, ‘no appetite’, ‘weak digestive system’, ‘have a sense of vomiting’, stomach ache and back pain. Few women mentioned that during the menstrual period, they could not eat food, as they were obstructed from cooking foods, and they did not like food cooked by other family members or husbands.

*One woman elaborated, “I feel full, have bloating feeling and back pain, so I could not eat till the third day of my menstrual period.”*

The social significance of certain food items was also maintained during the menstrual period. Certain food items are restricted during this period as one of the healthcare practices during this episode. Perceptions like good or bad, make sick, make heavy flow of blood, implication on complexion etc. Table no.1 shows the details of food items avoided during the menstrual period with their local name and their perceptions and beliefs on avoiding these items during the menstrual period.

### **Section 2: Pregnancy**

Lois locally termed pregnancy as ‘*naopuba*’ or ‘*mi-ronba*’, which literally meant carrying life. Generally, in the village, the average age of a mother during her first pregnancy is 19 years of age. Pregnancy in such a traditional society is embedded with many socio-cultural norms

**Table 1: Foods Items Avoided during Menstruation**

<i>English Name</i>	<i>Local Name</i>	<i>Reasons</i>
Milk	<i>Sang-gom</i>	stomach ache and bloating
Curd	<i>Sang-gom Aphamba</i>	stomach ache and bloating
Eggs	<i>Yerum</i>	Bloating and feeling fullness/ heaviness
Citrus fruits	<i>Hei asingba</i>	Enhance overflow; cause abdomen pain
Banana Flower	<i>La-phutharo</i>	Not good for the complexion; it blocks the flow
Cucumber	<i>Thabi</i>	Block the flow
Black Rice	<i>Chak-bao</i>	skin darkening
Soda	<i>kbari</i>	Not good for the complexion; it blocks the flow
Petai	<i>Yongchak</i>	Not good for the complexion; it blocks the flow
Fermented Bamboo shoot	<i>Soibum and Soijin</i>	implication on complexion; block the flow

and values. The study observed certain rites and observations, which have been followed from generation to generation as these are considered good for both mother and child.

In Lois' society, women rarely stay doing anything. Most of the women in Lois society engaged in maintaining the household and income-generating tasks to keep the family and economy alive. The income-generating tasks include many activities ranging from agricultural processing, weaving, brewing alcohol, knitting, making baskets, containers and other decorative items out of mud and other miscellaneous tasks etc., to support their family financially. A large number of these tasks are performed within the household.

When a woman is pregnant, she refrains from strenuous work, but she continues her daily work, from cooking to maintaining a house to contributing to the household income till the day of delivery. Even if her husband, mother-in-law, sister-in-law or other members help her with the work, her contribution to the household work, mainly in cooking, washing, cleaning, making baskets, brewing alcohol, fetching water and fuelwood etc., is always needed. Most of the women reported experiencing back pain, weakness and even miscarriage, which are more like caused by the sustained and even increased workload during pregnancy. Some other women described that they had faced swelling and bleeding.

*One elderly noted, "... It is good to be active; doing all household work will help to make it easy during delivery".*

*One of the women explained her incident that "she lost her child after two months of naopuba, as she had to fetch water from the local pond regularly in morning and evening for daily necessities of the whole family."*

### ***Care Practices during Pregnancy***

One of the major reasons for female mortality in India is the lack of antenatal care and monitoring (Mukhopadhyay, 1992). Routine check-ups and utilization of adequate antenatal services, including registration of pregnancy, Hb tests, urine analysis, weighing, two injections of tetanus vaccines and consumption of iron and calcium tablets, etc., are recommended for every pregnant lady by modern medical practitioners. As mentioned above, many of the women revealed that due to time constraints from their busy schedules, they neglected to visit the health centre unless they faced urgency. Thus the present study showed that women in the village are lack behind in receiving adequate ANC services.

Some women claimed that they had to visit PHC only to get injections and tablets whenever they had time. While few younger women have claimed that they visit health centres regularly as told by health providers.

*One woman elaborated, "...the health centre is open from 10.30 am to 1:00 pm; these hours are the peak hour for household chores; at 8 am, children go to school, after that cooking, washing dishes and clothes, and then I have to go pick the children from school at 12.30, then no time left to visit the health centre."*

### ***Rites during Pregnancy***

Cultural norms and beliefs have significantly influenced a woman's pregnancy and childbirth experiences and also shape her nurturing behaviour (Catherin et al. 2015; Raven, 2007, Khundongbam, 2019). There are certain traditional rites and taboos are still being observed in such a traditional society. Such rites and practices are still seen with the beliefs for the wellbeing of the foetus in the mother's womb and to protect from any harmful effects.

In Andro, during this period of pregnancy, right from conception, a pregnant lady is considered weak, and she is not allowed to go out, particularly at night, with the belief that she can easily become a victim of evil spirits or any harmful effects. During pregnancy, she can eat any climbing vegetables because of their perception that would prolong her birth pains. Such traditional rites are not only limited to pregnant ladies but also extend to their husbands. The husband of the pregnant woman is not allowed to kill any animals, including fish, snakes, hens and others, with the belief that the baby will inherit the physical characteristics or nature of that particular animal that was killed. A pregnant woman is not allowed to attend a funeral because of the belief that it will have harmful effects and may even lead to miscarriage.

### ***Nutrition during Pregnancy***

With reference to the quantity of food intake during pregnancy, pregnant women in the developed world often humorously observe that they are 'eating for two' (Capila A., 2004).



However, the study revealed different observations on this particular aspect. The quantity of food intake is different from their normal days. Many of the ladies opined that their intake of food during pregnancy is different over time. Many of them were found eating lesser quantities, mainly during their earlier months of pregnancy, as they experienced nausea, vomiting, uneasiness, lack of appetite etc., but in later months they can eat the normal quantity of food.

During pregnancy, nutrition-related practices are often seen in many developing countries based on their cultural belief of 'hot' and 'cold' foods. It is often believed hot foods are considered harmful and 'cold' foods are beneficial during pregnancy (Douglas, 1984). The present study also showed such a notion of cultural practices relating to nutritional items during pregnancy. Pregnant women avoid some food items that they believe are harmful during pregnancy, as shown in Table 2.

**Table 2: Food Items Avoided during Pregnancy**

<i>English Name</i>	<i>Local Name</i>	<i>Reasons</i>
Papaya	<i>Awa-thabee</i>	Enhance miscarriage
Pine apple	<i>Ki-bom</i>	Enhance miscarriage
Crab	<i>Vaikhu</i>	Enhance miscarriage and virginal discharge
Very sour fruits like lemon	<i>Hei asingba</i>	Cause fever which is not good during pregnancy
Fermented Bamboo shoot	<i>Soibum and Soijin</i>	Enhance miscarriage and virginal discharge

### Section 3. Practices During Child Birth and Post-Delivery

Childbirth is a universal phenomenon. However, it is embedded in a cultural context and is shaped by the views and practices of any specific culture (Capila, 2004). Thus childbirth practices vary among different cultural traits and society to society. As mentioned above, in Andro, most of the deliveries were conducted by *maibi* (traditional birth attendant) or by more knowledgeable older women in the household in the absence of *maibi*.

The traditional birth attendant, *Maibi* can predict the timing of childbirth by feeling the pulse beat of a pregnant woman. Family members stayed alert on reaching the tenth month of pregnancy, and the pulse rate of the pregnant women was frequently checked by *maibi* or an older lady in the village who had experienced childbirth. Usually, delivery takes place where the pregnant lady stays; no separate place or room is confined for the delivery of the child. During delivery and till the fourth day after delivery, male members and children generally stayed away from their rooms. In the olden days, sun-dried straws were spread on

the floor, covered up by *phanek* to lay pregnant women during delivery. At present days, any cotton cloth is used in place of straws.

Socio-cultural taboos in relation to contacts and dietary habits during delivery and post-delivery are most clearly seen in ancient texts. In many Indian societies, childbirth is considered a ritual pollution till the present time (Capila, 2004). In the same way, Lois society also practices the concept of impurity or pollution after delivery is maintained, where the household during this period could not do any rituals for 10 days and on the 11<sup>th</sup> day, the ritual of purification is performed by *maiba*. The first ceremony after the birth of human life, “*epan-thaba*” on the 6<sup>th</sup> day of the birth, is “a must” observed by the people.

During this episode, the mother is restricted from coming in contact with other members. She stays and sleeps separately for three months. Certain arrangements are made during these days in such a particular way that fireworks can be arranged near her bed, with the belief that fire has medicinal value and heals the woman faster and comforts her in removing remnant blood and pus inside the womb. She has to be confined to this room for a few days; she cannot go outside, even for urination and defecation. During this confinement period, women also practice *kbwang-chetpunba*, bind the abdomen with a cotton cloth to avoid back pain and bring the women’s abdomen back to its normal shape without sagging. Sex is also restricted for three months after delivery for the recovery and proper health of the mother. During the delivery time, women are restricted to a particular form of diet; she is given only boiled food without any chillies and spices.

### ***Nutrition during Post-Delivery***

Similarly, during pregnancy, the quantity of food intake after the delivery, women proclaimed that for a few days, they could not eat food in normal quantity. They felt a lack of appetite, nausea, vomiting and weakness, so they were not able to eat food like their normal days; they ate much less than normal quantity. After four to five days from delivery, they can eat food in normal quantity.

The study also observed after delivery; the women maintained restrictions on certain food items till the fourth day. To the day, they can eat only boiled rice cooked in an earthen pot, locally termed *kamuk* with a pinch of salt, prepared from salty well water, locally called *Meitei thumpak* or *Chi*, and roasted fish. During this period, specifically, *Meitei thumpak* was consumed with the belief that as it is prepared after burning completely well water on the fire, thus there is no doubt for the presence of any pathogens and any evil agents, *timu-laimu*. It is also consumed during this period as it bears medicinal values, which have been further enhanced by its packing in *Yengshin akuppi* (a kind of herd) for curing gastric problems, indigestion loss of appetite etc.

From the fourth day onwards, they can start having a simple boil of a certain limited number of vegetables like banana stem, alocasia or elephant ear plant (*yendem*), green onion, pea, etc., up to a minimum of almost one month. Banana stems and petiole of alocasia are believed as much to eat these days because of their medicinal value for blood purification. Sometimes pork or chicken soup is also given with the belief that this will give a woman strength which she lost during the act of giving birth. Fried and oily foods, dals, fruits and other vegetables are avoided during this episode. They believe that such restrictions on food items can make them healthy and will glow and have fairer skin. Such restrictions are also good health for the newly born child as the child's digestive is very weak, so the child cannot digest such food items. Women proclaimed that whatever a mother eats, her child is also consuming the same food items. Thus they believe that they should maintain restrictions on those food items that they believe are harmful to young breastfeeding children at such physiological stages. Such beliefs are sometimes found to hamper the nutritional and health status of both the child and mother. Therefore, during this postpartum period, mothers have to avoid a long list of food items for the health of both mother and infant.

*A grandmother (71 years) elucidated, "Eggs are avoided from mother after delivery until she fed breast milk to her child, as eggs are not good for newly born children, it can cause jaundice and also delays speaking".*

## Discussion

With the due social and cultural environment set up, the diversity in terms of ethnicity, language, economic and political organization, materials culture, fairs, festivals, customs and cuisines, myths and legends and other features of culture makes people diversified. This diversity is also replicated in their understandings and conceptualization, thereby reflecting in the ethnomedical healing practises as well along the regional, ecosystem, linguistic and cultural lines (Joshi, 2019; Foster, et al. 1978). The Lois communities also have their own understandings regarding illnesses and diseases and act accordingly with their beliefs and understandings. From the above discussion, it is also seen in the Lois society, that cultural factors play a significant role in their conceptual beliefs and practices about women's health care during the menstrual period, pregnancy and childbirth.

Phommachanh et al. 2019 reported that during the childbearing age, women are at the most risk because of poor utilization of healthcare services, and faulty health practices during days of menstruation, pregnancy and lactation affect lots with the health status of women. The Lois women in the study stated they faced gynaecological problems, particularly during pregnancy and childbirth such as maternal bleeding, back pain, weakness, miscarriage etc. Women described their experiences and difficulties in assessing proper ANC services,

seemingly this is due to its ecological location, poor transport system and underprivileged roadways which are combined with underprivileged medical facilities in the state. Studies like Mukhopadhyay, 1992; Das, 2017; and Mills, 2014, noted that most maternal death in India is majorly due to a lack of antenatal care and monitoring services. The study has revealed that most of the women in the village have not utilized proper ANC services; many of them have conducted delivery at home with traditional birth attendants. The community have been relying more on traditional/indigenous healthcare practices unless there are any medical requirements or any mishapening incidents. Women in the village follow pluralism of health practices, both modern medicine and traditional health care systems. Because of PHC services and pharmaceutical shops at the centre of the village, women are able to facilitate themselves with modern biomedical services.

Socio-cultural taboos in relation to contacts and dietary habits during delivery and post-delivery are most clearly seen in ancient texts. In many Indian societies, childbirth and menstruation are considered ritual pollution till the present time (Jeffery and Jeffery, 1989; Khanna, 2005; Nichter, 1986; Capila, 2004). Lois society also practices the concept of impurity or pollution after delivery is maintained. The Lois community are still preserving their traditional health caring practices during menstruation, pregnancy, childbirth and post-delivery. Problem-related to the menstrual cycle, women are not likely to consult any medical practitioners, young girls do home remedies which have also been observed in other studies (Sein, 2013). And in some more serious cases, over-the-counter medicines are considered relief measures.

The food culture and food fad of a given society comprises beliefs, values and behaviours of the members towards variety, norm, usage and context of different food items. It also encompasses the concepts of the way that food is produced, prepared, distributed and consumed by each member of a household. With the course of time and physiological changes in the human body, like during menstruation, lactation, pregnancy and childhood, the requirement needs rearrangements on food intake. This physiological makeup requires special nutritional supplements. Menstruation and childbirth are iron-depleting, and calcium needs to be continually supplemented. However, people with their indigenous understandings and beliefs maintain restrictions or prescriptions on certain food items at such physiological stages, which are sometimes found to hamper nutritional and health status (Mengesha et al., 2015; Foster et al., 1979; Jelliffe and Bennett, 1961).

## **Conclusion**

Andro village is a small village located in the remote area of Manipur. Though geographically it is situated at a short distance from Imphal, the capital, the village stays with poor connectivity. The village is inhabited by Lois, a traditional community belonging to Scheduled

Caste as per the Constitution of India. Lois is a people with rich cultural and belief systems, and they are still preserving their ethnic traditions and beliefs. Their ethnomedical practices and understandings are overwhelming in terms of maternal health concerns. These traditional healing practices are the sum aggregate of their experience and learnt knowledge of the people as a member of the society. Till this time, the village is lacking in the accessibility of modern biomedical services. On an urgent basis, the study recommends the requirement for extension/expansion of these medical facilities to the village, so as to increase to utilization of medical services particularly proper ANC services and institutional deliveries, and other related health problems during menstruations, post-partum, and other gynaecological diseases. It is also important to consider preserving the ethnomedical practices of such traditional societies in a fast-changing society. These resources are essential in planning for improving the health care services of traditional and rural societies.

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