



FERTILITY CONTROL AMONG WOMEN IN PHAYENG

Pebam Krishnakumari¹M C Arunkumar²

¹Post Doctoral Fellow, Department of Anthropology, Manipur University

²Head and Professor, Department of Anthropology, Manipur University

ABSTRACT

Cultures have exercised control over population in many ways, including the prevention of conception as a consequence of sexual intercourse. In every society there are beliefs and practices behind the organisation of nuptial space, family size, birth intervals and indigenous techniques adopted for fertility control. Every society has their own understanding of beliefs and practices surrounding birth intervals and the techniques regulating them both in terms of a person's stage in the life cycle and the number of children born. This paper will focus on how social norms and culture regulate fertility and how women perceive the modern family planning method gleaned out from fieldwork among 525 women in Phayeng village. Focus group discussion, in-depth interview and scheduled questionnaire were used to collect data. Women in Phayeng practice fertility control albeit through elaborate customs and traditions. Reproduction is not left entirely to the caprices of natural impulses. Social norms and cultural traditions regulate and control fertility in the fertility career of women. The social institutions and cultural practices of fertility control are woven symbolically into values and beliefs related to the fertility career of a woman in Phayeng. The observance of various abstinence and liberal breastfeeding are some of the traditional methods of fertility control practices which will be highlighted in this paper. Abortion as mechanism of fertility control will also be discussed in this paper. The modern methods of controlling fertility and their lacunae will also be brought into light. By identifying how women regulate their fertility this

paper will endeavour to promulgate reproductive health policy and programme which is culturally sensitive and women based.

Keywords: culture, fertility control, social norm, policy reproductive health

Introduction

Demographic literature portrayed women in rural societies having little control over the conditions of their lives and as governed in matters of fertility more by impulses than by rationality. However, there is no society in which people reproduce to their bio-logical capacity, notwithstanding the very high fertility of the Hutterites (Cladwell et al. 1987). There is scanty literature on the social norms and structural conditions that enforce lowering of fertility in traditional societies. Few studies have recognised the prevalence of controls in primitive/traditional societies. Car- Saunders (1922) observes that pre-modern societies control their own fertility. Douglas (1966) illustrates how various primitive communities maintain their population by controlling it with the help of their customary beliefs and practices. Smith (1977) discussed traditional mechanisms of fertility control in Japan. Freebeme (1964) mentions the practice of fertility control in traditional China. In India, Mandelbaum (1974), while handling the material on human fertility in India, is struck by the realisation that, “There are also certain forces favourable to birth limitations, although information about them has not been overshadowed by a good deal of misinformation”. This paper is an outcome of an exploratory study in Phayeng which will highlight the ways of controlling fertility among women.

About Phayeng and Data collection

Phayeng is a village inhabited by *Loisin* Manipur, India located 15 kms away to the north western region of Imphal, the capital of Manipur with 660 families. The Phayeng village has population of 2728 of which 1334 are males and 1394 are females as per the Population Census 2011. According to Ningthoukhongjam Khelchandra, a reputed scholar of Manipur, the word *Loi* means subdued or those who pay tribute to a sovereign (*Ariba Manipuri Longei*, 1978). Again the word *Loi* can be used as a prefix or a suffix in Manipuri vocabulary to express different meanings. For example, it is used in such expression as *Loithaba* (to exile in the *Loi* village or expulsion from *Manipur* to a place outside), *Loikaba* (to return from exile), *Loi pot kaba* (to pay tribute to a conquering country/power), *Loichanba* (to conquer a country), *Loithokpa* (to kill), etc. According to the old manuscript “*Kei Loi Lingkhatpa*”,

people in Phayeng village paid silk items as tribute. Today, agriculture is their main occupation however; they also brew country liquor to augment their livelihood.

Data on how social norms and culture regulate fertility and how women perceive the modern family planning method is gleaned out from fieldwork among 525 women in Phayeng village. Focus group discussion, in-depth interview and scheduled questionnaire were used to collect data. Before discussing on the traditional and modern methods of controlling fertility it is necessary know about married women's sexual behaviour in Phayeng society which is patriarchal and patrilineal.

Sexual Behaviour

Sociocultural factors are crucial in determining the nature of sexual relationships and sexual behaviour. Society stipulates the rules regulating sexual behaviour and it goes beyond the physical body since it is enmeshed with the institution of marriage, kinship, social and economic reality. It is closely involved with social reality. Marshall Sahlins makes the point clearly, when he argues that sexual reproduction and intercourse must not be

. . . considered *a priori* as a biological fact, characterized as an urge of human nature independent of the relations between social persons . . . [and] acting *upon* society from without (or below). [Uniquely among human beings] the process of 'conception' is always a double entendre, since no satisfaction can occur without the act and the partners as socially defined and contemplated, that is, according to a symbolic code of persons, practices and proprieties. (Sahlins, 1978, p 51)

Sexual reality is variable, and it is so in several senses. It changes within individuals, within genders, and within societies, just as it differs from gender to gender, from class to class, and from society to society. (Davenport, 1977).

Gender ideology which is inherent in the superstructure of local culture as tradition in Phayeng also influences social praxis by defining the female as subordinate and obedient to the male. These forms of gender ideology may reinforce women's subordination to patriarchal values and thus influence women to at least doubt their capacity to truly transform these values which appear as an undisputable social order that has stood the test of time (Aron, 1968). The cultural ideology of female obedience to male forms a central aspect of the superstructure of the patriarchal society and its influence cannot be underestimated. A woman

can lose control over her body as obedience is demanded in the bodily praxis of culturally defined gender roles. Sexual reality is predominantly distributed in this region by relations of possession and ownership via the social institution of marriage. In Turner's (1984) theory about the mode of desire within a given society, he states that there is always 'a discourse which determines appropriately sexed beings and organises their relations'. In Phayeng culture this discourse is predominantly expressed within the institution of marriage. By marrying, a husband is entitled to sexual rights over his wife's body. The sexual demands placed on some women, combined with spousal veto over contraception, create unwanted pregnancies which the women subsequently terminate in order to maintain control over their bodies and their lives. The provision of contraceptives as a way of attempting to reduce the incidence of induced abortion offers some women only a very limited degree of ontological control in the sense that they are given control over the physiological outcomes of sexual practices but not over the act itself. Merleau-Ponty (1962) claims that 'the body is both an object for others and a subject for myself'. For some of the women embodiment in a social sense can also mean alienation from their body as it becomes an object of male sexual desire. All of the participants stated that they could seldom refuse a husband's sexual advances.

“How can I deny sexual advance from my drunken husband? I don't want to create scene in front of neighbours.”

The above statement explicates the inability of women to deny sexual advance of their husband who come home after drinking and the fear of other members in the community if she could not fulfil the sexual desire of husband. The institution of marriage and patterns of sexual social relations in Phayeng are very much central to the patriarchal social order and many women can lose control of their bodies and sexuality as they become the property of their husband after marriage. Marriage ensures that the female body becomes inscribed with social sexual obligations which frequently reduce a woman's sense of autonomy over her individual body and can lead to unwanted pregnancies. The right to sexual intercourse and control over many aspects of a woman's life, including control over her reproductive capacity, is described by participants in the study as belonging to the husband by the dictates of tradition and this has an overwhelming outcome in controlling their fertility.

Traditional and Modern method of Fertility control

Cultures have exercised control over population in many ways, including the prevention of conception as a consequence of sexual intercourse. There are a number of good reviews of the cross-cultural literature on traditional methods of birth control, including Turner (1978). Numerous methods of birth control have been recorded for traditional people, including sexual abstinence and coitus interruptus (Benedict, 1970). Serious questions have been raised by some authorities as to the actual effectiveness of many of these methods – other than, of course, total abstinence- for controlling fertility, either in modern times, or during the Pleistocene (Handwerker, 1983). In every society there are beliefs and practices behind the organisation of nuptial space, family size, birth intervals and indigenous techniques adopted for fertility control. There are social norms which regulate and control fertility, both in terms of a person's stage in the life cycle and the number of children born.

The cultural beliefs and practices and the social norm operating in Phayeng acts as traditional method of controlling fertility. There is social disapproval of mother-in-law and grandmother continuing to bear children. Women believed that procreation should cease after a person advances in age, especially when one's children are old enough for procreation. Ideally parents are expected to abstain from or to give up sexual life once their children are married. It is a matter of shame for an elderly couple to have children after the marriage of their grown up children. Mothers giving birth at the latter stage in life are ridiculed and socially not acceptable. They are criticised and the respectable image of mother-in-law or grandmother is at stake and often tarnished.

Certain conditions circumscribing women's life also instil in them the desire to stop bearing children. Women prefer to stop procreation after they have had the socially optimum number of surviving children. Their interest in the household becomes more entrenched and they desire earnestly to seek respite from reproduction with age. The woman's interest in conjugal household and its economy increases with her stay there. With the birth of a few children her status increases, and along with it, her role and responsibilities. The multiple roles associated with the status of a mother and with the role-conflict emanating from the progression of the household, the birth of an additional child after achieving the socially prescribed optimum number of children further complicates matter thus, she reaches the culmination stage of her fertility career.

“I don’t want to give birth anymore. In the quest to have a son, I have given birth to three daughters and nobody was there to take care during post-partum. The entire household face lots of inconvenience so, I think it is better to stop giving birth even if I don’t have a son but I don’t know what my husband will say.”

The above statement reveals the trauma of a mother who does not have anyone to look after the household during childbirth. Moreover, having three children is considered having enough children in Phayeng. Thus, the ability of women to control fertility arises out of the position in the social situation in the household.

The institution of breastfeeding, including prolonged lactation increases the duration of amenorrhea. A gap of about two years between two childbirth is considered the minimum in Phayeng. Those having children within one year of childbirth are ridiculed. Wyon and Gordon (1971) report of two years of breastfeeding prevents early birth of next child in Punjab. Breastfeeding is thus another important practice which account for regulation of birth interval.

The vicissitudes of breast feeding is also intricately linked to sexuality. With the birth of a new baby, a mother is expected to respect sexual abstinence and fulfil obligations for the whole breast feeding period. Women attribute the origin of some serious form of illness even leading to death due to the violation of this rule. Thus, ‘post-partum taboos’ especially the norms force the woman to interrupt her sexual activity during breast feeding thereby controlling her fertility.

“When a woman breastfeed her baby while having sex then the baby will be *khomkulaichubaas* the breast milk become ‘bad and bitter’ for the baby to drink at this point of time. After consuming the milk, the baby will continue to have diarrhoea with white stool, vomit, becomes too weak that it cannot even suck the mother’s milk. As the days go by the baby the baby loses appetite, becomes more and more listless, visibly regressing on motor level, not having the strength to do anything, begins to look like an old man with wrinkled skin, his hair become thin”. (Pramodini, 65 years old in Focus Group Discussion)

“Sexual abstinence is observed in the first three months after giving birth for good health of mother and child. Non observance is onerous and shameful. It is manifested when woman suffer from *nupamangba*. In this condition a baby cannot be breastfed

thus, the child's health will deteriorate". (Sakuntala, 56 years old in Focus Group Discussion)

"Becoming pregnant during the period dedicated to breast feeding especially during the first year of the newborn is a matter of shame for the mother. It clearly shows that the mother does not care about the baby. Once she realises she is pregnant, the woman is not allowed to breastfed. This deprives the baby of the required nourishment which guarantees his correct growth. This condition is critical as the baby's health will be at risk due to the deprivation of the only basic nutrient that can make the baby grow healthy". (Memthoi, 60 years old in Focus Group Discussion)

These explicate the belief among women that one cannot feed the baby while having sex. Sexual act in the first three months following birth should be avoided as it is considered to be bad both for the health of the mother and child. Breaching this taboo tantamount to deviant behaviour and is ridiculed by the women within the family, neighbours and the community. A new pregnancy delineates a complex picture for the mother and the newborn baby. The image of 'mothering' is tarnished with this act. The baby's ill health proves the mother's lack of care towards her newborn baby. A mother experience the situation with a deep feeling of shame: she is ridiculed by other women for not knowing how to deny herself to her husband and, at the same time, reprimanded by elder women. The atmosphere around the woman becomes strained and she herself is extremely uneasy in a situation in which her image as a 'good mother' is compromised. Violating post-partum taboos demonstrates little care a mother has for the well-being of her baby – 'a mother plays with her own child's life' as the women declared when the baby suffer from *khomkulaichuba* and the mother from *nupamangba* and in the case of precocious pregnancy. In such a situation, when a baby cannot suck and when the correct growth and development is in danger everything that she had obtained and was recognised as hers up to that moment, as a 'good nurturer' and a 'good mother' is compromised because of her behaviour. Thus, fear of losing her status and considering the health of her baby a woman has to abide by the norm of following sexual abstinence during breastfeeding and during post-partum period which succour in controlling fertility.

Short term abstinences for couple include menstruation, sickness, mourning and religious ceremonies. Mating is avoided on full moon night, sexual intercourse is also abstain on the

day in which both the husband and wife was born. Thus, these belief and practices which is rife in Phayeng can act as an important element in controlling fertility.

Techniques of Controlling Fertility

Every society has their own understanding of beliefs and practices surrounding birth intervals and the techniques regulating them. According to women in Phayeng, a woman is impregnated when her blood which comes out during menstruation meet the male's *mahik*(germ) during sexual intercourse. 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 verbatim of a woman in Phayeng (In-depth Interview):

“Man's *mahik*(germ) enters the woman's body and go to the womb where it meets the woman's blood and baby is formed.”

While employing this belief, a woman will not conceive unless male's *mahik*(germ) enters the woman's body and the techniques to avoid impregnation is abstinence and withdrawal. Abstinence is believed to be an ideal means to avoid conception. It is institutionalised and culturally upheld while withdrawal is disapproved normatively and practised unobtrusively. As withdrawal is shrouded in secrecy, euphemism like *sajel* (exercise) is used to connote such act while divulging information about this practice.

“We (couple) opt for *sajel* (exercise) as it is hassle free and has no side-effect unlike other contraceptives for keeping space between babies. We take care of the moment and we have no fear of conception as it worked well with me for so many years.” (38 years old woman from Phayeng, in an In-depth Interview)

“A woman is impregnated only when the male's *mahik*(germ) enters the woman's body and go to the womb where it meets the woman's blood. If the male's *mahik*(germ) is not allowed to enter inside the women's body how can the baby be conceived inside the womb. Moreover, it is safe and easy, so I have been practising it.” (37 years old woman from Phayeng, in an In-depth Interview)

Thus, withdrawal is perceived to be an effective technique to curtail fertility in Phayeng though the conduct is kept in obscurity due to barrier of cultural modesty. Thus, the prerogative of controlling fertility lies with the male.

Modern Fertility Control: People's Experience

Many barriers to contraception remain even among women who have the number of children they want. First awareness of non-terminal methods is generally poor and correct knowledge of their use worse. Second, though a cafeteria of methods is theoretically available, most women do not have the wide choice that the list of theoretically available methods implies. For the most part, the prospective acceptor is informed only of methods considered appropriate by the service provider and does not participate in the selection of the methods she will use. Women in Phayeng have little knowledge about contraceptives and sterilization. Sterilization means “operation” to stop childbirth. Contraceptive like Cu-T is popular among Phayeng women. Condom is not a popular choice in both the village though few women reported of using it. Some of the reported cases of contraception are as:

An agonising experience of Cu-T by a woman in Phayeng

“Ever since I use Cu-T I am having discharge and itchiness. Moreover, my husband scolded me for putting it as he wants more children and feels uncomfortable with it. So, I have to remove it.” (In-depth Interview)

Woman spoke of husband's complaint in using condom as contraception

“He says that he does not have sexual desire if he use condom. They feel the skin is not touching....they feel that the skin is in the rubber and do not feel the excitement.” (In-depth Interview)

Thus, in people's experience, contraception threatens their privacy and is seldom bereft of inconvenience and other problems. When couples try contraception with a desire to curtail fertility, their use confronts them with a series of pain and discomfort. Women disapprove and discontinue the use of modern contraceptives preferring an alternative which is devoid of problems and perils.

Sterilization is another method heard of in Phayeng but the post-operative complications are feared to incapacitate people and bring a couple's life to a virtual end. These apprehensions were strengthened by the initial sterilization experiences of people. These experiences are still alive in the collective memory of the people and this reinforces people's fear and strengthens their view against it. Hence, sterilization is not a choice among women in

Phayeng. Thus, the utilization of modern methods of controlling fertility is male prerogative and women's rights remain undeserved.

Fertility control by Abortion

When the traditional and modern methods and techniques fails to control fertility the only way that women resort is induced abortion. The women in the study describe their ill health as being caused by insecurity and a lack of control over their lives. They cited the institution of marriage as being a central problem because it defined a role and responsibilities as a wife, which were too burdensome. Furthermore, it placed the women in a subordinate position to the husband which often meant they had to endure physical and verbal abuse (Avotri& Walters 2001). Women are unable to use contraceptive methods because these are forbidden by their husbands for fear of side effect, lack of sexual pleasure or comfortability and as a consequence pregnancy is the outcome and in certain conditions, it becomes unwanted and ultimately resort to induced abortion. A woman's worth is largely measured by her marriage and capacity to bear children. Moreover, many women in the both the village abide by this definition of their social role and measure their worth accordingly. By producing many children a woman is conforming to cultural notions of good womanhood. Pregnancy is very much expected and required by local men. It is a form of female cooperation but even more than this, it is simply an inherent part of being female. Thus, the women in this study who perform induced abortions are doing so against the enormous social pressures inherent in the patriarchal traditions of the superstructure of their society. The social practice of induced abortion is therefore a weighted decision in which the local women exercise agency within a variety of cultural institutions which structure their social life. Thus, induced abortion is a strictly secret social struggle determined so in large part by cultural ideology.

If a women's primary role is to bear children then what compels them to abort the foetus. What is more, the loss of pregnancy is frequently accompanied by a considerable amount of physical pain, blood and mess what is locally connoted as *angangyeithaba*. Although most societies highly value and nurture children, children in many societies may nonetheless be unwanted under certain conditions and are aborted. The most secretive and least popular of all fertility control method is abortion. Abortion is interwoven with the social beliefs, cultural expectations and economic circumstances, which are interwoven with the social practice of the village community. Abortion for many, if not all, women are no more a choice, in terms of social, financial and familial constraints, than is miscarriage (Rapp, 1991). In both the

village, a clear distinction is made between induced abortion (*angangyeithaba*) and spontaneous abortion or miscarriage (*angangkaiba*). Miscarriage is considered as an undesirable mishap while induced abortion is perceived as a sinful act. Fear is associated with abortion having physical as well as moral consequence. Aborting a foetus is akin to killing a person as personhood is conferred to the foetus once it is conceived inside the womb. Thus, it is considered a sin. Aborting a baby is believed to be a sinful act. To abort a pregnancy is a crime in Phayengvillage. A woman who does so is acting outside the rules of the social order. The symbolism of this label is quite profound. In the village, a woman is seen as the producer of life. Her body produces and reproduces the human members of the community. Essentially a female body-person makes life and nourishes and supports it. However, by performing abortion she is in fact taking life. She has transformed herself from the producer of life to the destroyer. Abortion as a social practice is a complete symbolic reversal or opposition to the socially prescribed role of the female. So, it is necessary to understand the determining factor that leads women to seek abortion, how abortion events make sense in their reproductive lives.

Anarfi (1996) claims that 'the main reason for women to resort to induced abortion is to maintain good health and to be able to provide for the husband's sexual needs always'. The sexual subordination of women to the 'needs' of others is very much part of the cultural schema of Phayeng. Women of various ages and marital status experience a lack of choice about sexual experiences or, in a broader sense, what they describe as a 'lack of control over their bodies'. These women believe that the best way they can exercise agency and assert some control over their social circumstances is to perform induced abortion. Women who have recently given birth and who have become pregnant again resort to induced abortion with the fear that they simply cannot do heavy manual labour on the farms, carry loads, complete their arduous household tasks and bear multiple children without giving their bodies rest. This fear is well-founded according to Unnithan-Kumar (2008) who describes childbearing in developing countries as a 'physically debilitating and unsafe period', especially in the lives of rural poor women. Induced abortion was described as a way of spacing births and a way out of the constraints of the extreme physical demands placed on a woman's body during pregnancy in the rural both the village. Under such physically demanding life conditions, induced abortion is a women's way of resisting a pregnancy which potentially threatens her own life. Thus, women actively choose to take control of their bodies and life circumstances as best they can.

Unwanted pregnancies are frequently the product of an experience of unequal sexual social relations which may be involuntary, coercive and unprotected. Women describe real feelings of powerlessness and despair with respect to sexual encounters. Many local women meet the sexual expectations of the masculinist culture at the expense of their physical and psychological health. An unintended pregnancy may cause a woman to lose a sense of continuity and order over her body and life and create unwanted physical hardship and associated emotional distress. Perhaps most striking is the sheer physicality of existence. This is particularly true of rural life. For any person, regardless of a place of birth, the body has a mandate over our everyday experience. Our corporeal existence is dominated by the need to eat, wash, groom, dress, work and sleep in so far as we are inescapably embodied (Turner 1984). However, for a woman in village, the demands of embodiment are considerable indeed. Women rise at dawn and wash the family clothes by hand. They must also carry water and cook for the family before going to their respective farms to do heavy manual labour until the late afternoon. The evening is spent cooking. Some participants expressed concern about the physical difficulties associated with a pregnancy under these life conditions. However, such a physically demanding life does inevitably become detrimental to one's health and this is particularly so during pregnancy. They lament that their bodies 'hurt all the time from working too hard'. Despite being pregnant, it is often difficult for the women to attain periods of extended physical rest. Moreover, it takes a significant amount of energy to sustain such physical effort. This is a particularly serious situation for pregnant women. Women were aware of the dangers of being pregnant in such a physically demanding rural environment. They understood that in particular, repeated pregnancies which are poorly spaced placed their bodies under terrible strain. This is one reason why some women turn to induced abortion in order to protect themselves from the potentially fatal risk of childbearing and birthing which provides women with a sure method of exercising control over their personal lived body. Thus, abortion is a means of spacing children and escaping an additional, unwanted and even dangerous physical strain on the body in an already highly physically demanding environment. The constant, heavy work which rural women must undertake, places them under enormous physical strain during a pregnancy. Some women feel unable to meet these physical demands and prefer to abort an unwanted pregnancy in order to protect their own lives. This is said to be particularly so for women who have only recently given birth. The reality of embodiment however, never entails only the personal experience of a phenomenological body-self.

Frequently many women had to do a great deal more in practice than stay in the kitchen and cook, give birth and care for children. In addition to the childcare and housework tasks, they would be required to work on the farm and to engage in petty trading. A woman would be obliged to increase such activities if her husband did not provide money for the family. Woman's role in the marital home goes beyond cooking to feeding the household. This means the woman is now also responsible for the economic means to accomplish her new role as the food provider. This seemed to be the circumstances of some women in Phayeng. Women reported of how the financial responsibility for the family can fall on them if the man chooses to neglect them. In this respect, it becomes easy to understand why women would be afraid of increasing numbers of children under their care and some may resort to secret acts of induced abortion.

Thus, women's perceive induced abortion as an act which allows them ontological security from the physical demands placed on woman. Some local women see performing an abortion as a relief or safeguard for their individual bodies, which they feel cannot always simultaneously cope with pregnancy and the physical demands of their agrarian life.

Conclusion

To conclude, sexual behaviour of women is determined by socio cultural factors. The right of women over their own body become enmeshed with the institution of marriage and becomes male prerogative. The sexual demands placed on women combined with spousal veto over contraception , create unwanted pregnancies which women subsequently terminate in order to maintain control over their body and lives is described in this chapter. Marriage ensures that the right to sexual intercourse and control over her reproductive capacity belongs to husbands by the dictates of tradition which thus, has an impending impact on women in controlling their fertility.

Women in Phayeng practice fertility control albeit through elaborate customs and traditions. Reproduction is not left entirely to the caprices of natural impulses. Social norms and cultural traditions regulate and control fertility in the fertility career of women. The social institutions and cultural practices of fertility control are woven symbolically into values and beliefs related to the fertility career of a woman in Phayeng. There is social disapproval of mother-in-law and grandmother continuing to bear children. Mothers giving birth at the latter stage in life are ridiculed and socially not acceptable. They are criticised and the respectable image of

mother-in-law or grandmother is at stake and often tarnished. Abstinence observed during post-partum and liberal breastfeeding are also some of the traditional methods of fertility control practiced in Phayeng. Sexual act in the first three months following birth is avoided as it is considered to be bad both for the health of the mother and child. Breaching this taboo tantamount to deviant behaviour and is ridiculed by the women within the family, neighbours and the community.

Women's experience of modern methods of fertility control is seldom bereft of inconvenience and other problems. Thus, women disapprove and discontinue the use of modern contraceptives preferring an alternative which is devoid of problems and perils. Sterilization is another method heard of in Phayeng but the post-operative complications are feared and not a preferred choice. Moreover, though a cafeteria of methods is theoretically available, most women do not have the wide choice that the list of theoretically available methods implies.

Abortion is also used as a measure to control fertility. Induced abortion was described as a way of spacing births and a way out of the constraints of the extreme physical demands placed on a woman's body during pregnancy in Phayeng village. Under such physically demanding life conditions, induced abortion is seen as women's way of resisting a pregnancy which potentially threatens her own life. Thus, women actively choose to take control of their bodies and life circumstances as best they can.

By identifying how women regulate their fertility this paper will endeavour to promulgate reproductive health policy and programme which is culturally sensitive and women based. The beliefs which women in Phayeng have and the practices they follow may serve as an effective entry point through which family planning strategies can be introduced. There is a need to create innovative birth control measures which provide women with the knowledge to understand the means to control fertility within the context of their lives. There is a call for an approach towards enhancing policy and programme which is culturally sensitive and women oriented.

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