CHAPTER VI

EE NUNGSHITKI AYETPA OR IRAI LEIMA NAZAR GI ANABA

Health problems relating to reproductive organs and functions, except for menstrual disorders (chakmang phimangi akaiba), are referred to as ee nungshitki ayetpa (disorder caused by bad blood) or Irai leima nazargi anaba (illness due to Iraileima’s evil eye). This chapter is based on their self-reported symptoms or perception of reproductive ill-health without testing its consistency with medical diagnosis.

According to Zurayk et al. (1993), the importance of cultural perception of disease or perceived morbidity ratiocinate on the following points: First, women’s health behavior, particularly in seeking health care is governed by what the women perceive as ill-health whether this perception is consistent with medical symptom or not. Secondly, learning about morbidity as perceived by women brings to attention what worries women about their health based on criterion of seriousness such as discomfort or interference with their daily routine or with feelings of dignity.

Reproductive morbidity is defined as ‘any morbidity or dysfunction of the reproductive tract or any morbidity which is a consequence of reproductive behavior including pregnancy, abortions, childbirths or sexual behavior’ (WHO, 1996). Zurayk et al. (1993) defines reproductive morbidity as condition of ill-health related to the reproductive process during and outside the childbearing period. It is classified into three types: obstetric, gynecological and contraceptive. Obstetric morbidity can be defined as ill-health related to pregnancy episode. Gynecological morbidity can be defined as
structural and functional disorder of the reproductive tract not related to pregnancy, delivery and puerperium, basically diagnosed by clinical and laboratory testing. Contraceptive morbidity refers to morbidity caused by the use of contraceptives.

I

TYPES AND CAUSES OF EE NUNGSHITKI AYETPA

15 (68.1%) of the married adolescent girls in Golapati, 3 (50%) in Tarahei and 30 (75%) in Kwakta suffer from ee nungshitki ayetpa. Table 6.1 shows the types of ee nungshitki ayetpa experienced by the married adolescent girls. The various ee nungshitki ayetpa experienced by the married adolescent girls are: vaginal discharge or phiroimaan chatpa like phingou chatpa (white discharge), itching in perineal area or nung da hakatchaba, lower abdominal pain or chaning yekpa, inflammation/sores in perineal area or nung da pomba, heaviness in perineal area or hakchangthong lumthaba, painful intercourse, dysuria/ burning sensation and pain during urination or ishing yapham houba.

Vaginal discharge or phiroimaan chatpa is the most common type of ee nungshitki ayetpa experienced by the married adolescent girls of the three localities with 29.4% of them suffering from it. Next is itching in perineal area or nung da hakatchaba (26.5%), lower abdominal pain/ chaning yekpa (16.2%), inflammation/sores in perineal area/ nung da pomba (14.7%), heaviness in perineal area/ hakchangthong lumthaba (11.7%), painful intercourse (7.3%) and burning sensation or pain during urination /ishing yapham houba (4.4%). 27 (39.7%) of them suffer from more than one type of ee nungshitki ayetpa.
Table 6.1 Types of *ee nungshitki ayetpa* experienced by the married adolescent girls

<table>
<thead>
<tr>
<th>Types</th>
<th>Golapati (N=22)</th>
<th>Tarahe (N=6)</th>
<th>Kwaakta (N=40)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>f</td>
<td>p</td>
<td>f</td>
</tr>
<tr>
<td>Vaginal discharge</td>
<td>6</td>
<td>27.2</td>
<td>1</td>
</tr>
<tr>
<td>Itching in perineal area</td>
<td>5</td>
<td>22.7</td>
<td>1</td>
</tr>
<tr>
<td>Inflammation/sore in perineal area</td>
<td>3</td>
<td>13.6</td>
<td>1</td>
</tr>
<tr>
<td>Lower abdominal pain</td>
<td>3</td>
<td>13.6</td>
<td>1</td>
</tr>
<tr>
<td>Painful intercourse</td>
<td>2</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td>Heaviness in perineal area</td>
<td>2</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td>Burning or painful urination</td>
<td>1</td>
<td>4.5</td>
<td>0</td>
</tr>
</tbody>
</table>

f= frequency and p= percentage. Frequency (f) exceeds total (N) due to overlapping responses. 39.7% of them suffer from more than one type of *ee nungshitki ayetpa*.

Medical anthropologists observe different cultures and their perspectives on disease and illness by looking at the biological and the ecological aspects of disease, the cultural perspectives, and the ways in which cultures approach prevention and treatment (Hyder and Morrow, 2005). People in all cultures, everywhere, attempt to make sense of health problems and try to understand their cause, or etiology. Following anthropological practice, the term ethno-etiologies refers to cross-cultural variations in causal explanations for health problems and suffering. Foster (1976) gave two basic principles call Personalistic and Naturalistic to account for most (but not all) of the etiologies that characterize non-Western medical systems. While the terms refer specifically to causality concepts, he believes they can conveniently be used to speak of entire systems, i.e., not only causes, but all of the associated behavior that follows from these views.
A personalistic medical system is one in which disease is explained as due to the active, purposeful intervention of an agent, who may be human (a witch or sorcerer), nonhuman (a ghost, an ancestor, an evil spirit), or supernatural (a deity or other very powerful being). The sick person literally is a victim, the object of aggression or punishment directed specifically against him, for reasons that concern him alone. Personalistic causality allows little room for accident or chance; in fact, for some peoples the statement is made by anthropologists who have studied them that all illness and death are believed to stem from the acts of the agent.

In contrast to personalistic systems, naturalistic systems explain illness in impersonal, systemic terms. Disease is thought to stem, not from the machinations of an angry being, but rather from such natural forces or conditions as cold, heat, winds, dampness, and, above all, by an upset in the balance of the basic body elements. In naturalistic systems, health conforms to an equilibrium model: when the humors, the yin and yang, or the Ayurvedic dosha are in the balance appropriate to the age and condition of the individual, in his natural and social environment, health results. Causality concepts explain or account for the upsets in this balance that trigger illness. Contemporary naturalistic systems resemble each other in an important historical sense: the bulk of their explanations and practices represent simplified and popularized legacies from the “great tradition” medicine of ancient classical civilizations, particularly those of Greece and Rome, India, and China. Although equilibrium is expressed in many ways in classical accounts, contemporary descriptions most frequently deal with the “hot-cold dichotomy” which explains illness as due to excessive heat or cold entering the body. Treatment, logically, attempts to restore the proper balance through “hot” and “cold” foods and
herbs, and other treatments such as poultices that are thought to withdraw excess heat or
cold from the body.

In the present study, ee nungshitki ayetpa is believed to be caused by the
following factors:

(I) Supernatural causes or Iraileima nazar (Iraileima’s evil eye)

Iraileima is considered as the Goddess of water by the Meitei and Manipuri
Muslims. The wrath of Iraileima Goddess is believed to be an important cause of ee
nungshitki ayetpa. The pathway of ee nungshitki ayetpa caused by Iraileima nazar is
represented below:

Dropping menstrual blood on water body → Iraileima nazar → Manifestation of
bad blood and air in the body → Ee nungshitki ayetpa → Phiroimaan loss →
Dhatu loss → Loss of strength, youth, beauty, fertility → Mari chetaba (weak)
marital bond

Ee nungshitki ayetpa caused by Iraileima nazar is considered as the most
dangerous and serious among all types. The married adolescent girls strictly abide by this
belief. A woman can get inflicted with Iraileima nazar if she does not manage her
menstrual blood properly. If a menstruating woman drops her menstrual blood on water
body like river or pond while taking bath or washing clothes on Thursday, Iraileima spirit
or the Goddess of water will be offended. The angry Iraileima will caste evil eye on the
woman and inflict her with all sorts of ee nungshitki ayetpa. Her evil eye can result in the
manifestation of ‘bad blood’ and ‘bad air’ in the woman’s body leading to various types
of ee nungshitki ayetpa. When the ee nungshitki ayetpa become severe, there will be
heavy discharge of phiroimaan (vaginal fluid) leading to loo-tong chumthaba which is
the loss of *dhatu* (element) like flesh, bone and blood from the body. Similar to Ayurvedic system, the traditional healers in the present study consider *dhatu* (like blood, flesh and bone) as the fundamental elements that support the basic structure of the body. *Dhatu* loss can result in the loss of youth, beauty and fertility which can result in *mari chetaba* (weak) marital bond. Modern medicine is believed to have no cure for *loo-tong chumthaba* or *dhatu* loss. A *maibi* (traditional birth attendant) from Golapati elaborates on this issue as follows:

“Dropping one’s menstrual blood on water body can anger *Iraileima* spirit who will caste evil eye on the woman. *Iraileima nazar* can inflict a woman with *phataba ee* (bad blood) and *phataba nungshit* (bad air) which can result in *ee nungshitki ayetpa*. Her *nazar* (evil eye) can drain away a woman’s *phiroimaan* (vaginal discharge) leading to *loo-tong chumthaba* draining away her flesh, blood and bone until it completely withers her, making her weak and prematurely aged. She will experience *sakchu mangba* (loss of beauty), *hanusanba* (aged) and *chabok hanthaba* (loss of fertility”).

In their supernatural realm of illness causation, a woman is considered to be responsible for her own reproductive health problems. It happens due to mismanagement of products from her reproductive system like menstrual blood which is considered as polluting. She suffers from *ee nungshitki ayetpa* due to her deviant behavior of spreading menstrual blood which results in the punishment by *Iraileima* spirit who curses her body with bad blood and air. The gravity of the reproductive health problems inflicted by *Iraileima nazar* is such that it can affect all aspects of her life including her fertility and marriage which is most treasured by a woman in their society. It can impair the sexual
and reproductive function of female body which is most vital for a *mari chetpa* marital bond. Such beliefs plays major role in containing the spread of menstrual pollution in the environment.

**II) Sexual causes or due to Phataba maru/ phataba mahik**

*Phataba maru* (bad seed) or *phataba mahik* (bad germ) which is usually acquired through illegitimate sexual relationship is considered to be an important causal factor of *ee nunsghitki ayetpa*. *Phataba maru* or *phataba mahik* refers to the product of male reproductive part like semen. Supernatural infliction through *phataba maru* is considered one of most dangerous types. Women who receive *phataba maru* will be considered as *maru panba* (seed implanted) and once she is *maru panba*, she will suffer from a lifelong of reproductive health problems. It can make her infertile and can even lead to insanity. Even the best *Moulvi* or *maiba* (traditional healers) will not be able to cure her completely. They believe that a woman can become *maru panba* when a man uses nungshiba *phanaba mahei* or love charm in order to seduce her into an illegitimate relationship. In a similar study, Bennett (2005) also found that a woman who is under the influence of *pelet* (love charm) is most likely to manifest her loss of self-control by being seduced, becoming completely subservient to her protagonist, or displaying symptoms of madness or acute illness. The effects of *pelet* can be experienced as temporary, prolonged or permanent, and in extreme instances death can be interpreted as a consequence of *pelet*.

Women who are modest and maintain their chastity will not get inflicted by *phataba maru* and those who engage in deviant behavior will become *maru panba*. Moreover, attractive women and unmarried women are considered more prone to
nungshiba phanaba mahei which can make her maru panba. The motivation may be jealously, desire and disappointment from the opposite sex. Married women have protection and security from love charm, thus revealing the importance of marriage for a woman in their society. Such supernatural beliefs aim at regulating women’s sexuality according to the cultural ideals.

Other than phataba maru, they also believe in the existence of phataba mahik (bad germ). They believe that phataba mahik dwells in the reproductive system of lamchat loodabi/ oktabi nupi (immoral women) which can be transferred to an aphaba nupi (good woman) through her infidel husband. The married adolescent girls have low schooling and are not aware of the medical aspects of Sexually Transmitted Infection (STIs). However, through peers and leikai mou (married women in locality), they came to know that if a man sleeps with immoral or many women, he will get phataba mahik which can be transmitted to his wife. As 19 year old Wahida complains,

“My husband works outside the state. Since he is away from me most of the times, he has the liberty to mingle with other women behind my back. I even fought with one of his girlfriends once. I am certain that I got my ee nungshitki ayetpa from my husband. I don’t know what kind of phataba mahik he got from ‘those’ women!”.

The fear of being inflicted with phataba maru and the resulting ee nungshitki ayetpa makes most of the married adolescent girls avoid deviant behaviors. Even though they avoid phataba maru by controlling their body and sexuality, some of them face the risk of being inflicted with phataba mahik from their infidel husbands. As they engage in

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unprotected sex in order to make their marital bond *mari chetpa*, they expose themselves to the risk of STIs.

(III) Lack of body balance or *dhatu nungshit*

Other than the two causes listed above, the traditional healers consider lack of body balance or *dhatu nungshit* (element-air) as other causative factors for *ee nungshitki ayetpa*. Body imbalance is caused by lack of hygiene and consumption of hot food. Lack of hygiene and hot food is considered incompatible to a woman’s reproductive system as it can increase the *dhatu nungshit* (element-air) in a woman’s body leading to body imbalance and consequently *ee nungshitki ayetpa*.

In the category of body balances, the concept of hot and cold is one of the most pervasive around the world. It is particularly important in Asian, Latin American, and Mediterranean cultures. Hot and cold beliefs are part of what is referred to as *humoral medicine*, which is thought to have derived from Greek, Arabic, and East Indian pre-Christian traditions (Foster, 1953; Weller, 1983). In the hot and cold belief system, a healthy body is seen as in balance between the two. Food can cause illness through its role in the hot and cold belief system, through spoiled foods, dirty foods, raw foods, and combining the wrong foods (Hyder and Fallow, 2005). According to a *maibi* (traditional birth attendant cum healer):

“Many young women from our locality suffer from *ee nungshitki ayetpa* because they are *loo nandaba* (unhygienic) and have no control over their appetite. They do not maintain proper hygiene of their intimate parts and surrounding environment. Moreover, they do not take care of their dietary habits and eat whatever they want. Eating food while hot can increase our body heat which can
cause problems like *ishing yapham houba* (burning sensation during urination). Oily food, potato, meat and tomato are also considered as hot food. Hot food can increase *dhatu-nungshit* in the body causing *ee nungshitki ayetpa*. However, young women, especially those who are married, are least concerned about such things even though I often tell them about it. They come to me only when they need treatment”.

Most of the married adolescent girls, especially those from lower economic background, are least concerned about maintaining their body balance as they do not assign much importance to hygiene and dietary practices. Other than the *maibi*, this fact is also supported by the narratives of the married adolescent girls and other traditional healers. Most (51.5%) of the married adolescent girls belong to poverty line and face economic hardships. Maintaining hygiene or taking care of dietary habits become unimportant amidst their hardships of life. Besides, they also have less autonomy in the family. They eat whatever that comes their way and hygienic aspects are often overlooked in their everyday life.

(IV) Major life events like *balik phaba* (menarche), *luhongba* (marriage) and *angang pokpa* (childbearing)

According to the married adolescent girls, even though they may not be inflicted with *traileima nazar, phataba maru, phataba mahik* and are hygienic, their major life event often causes *ee nungshitki ayetpa*. The major life events include becoming *balik phaba* (attaining menarche), *luhongba* (marriage) and *angang pokpa* (childbearing).

17 year old Shania narrated that she started experiencing *ee nungshitki ayetpa* after menarche which became worse after marriage and childbirth. She says,
“I have itching and sores in my perineal area every month before I get my periods. I have been suffering from white discharge ever since I became balik phaba and it got worse after marriage and childbirth. The discomforts and pain in my lady’s parts increases whenever I take another nupigi oiba khongthang (steps to be taken by a woman) in my life”.

Many of them engage in unhygienic practices during menstruation like using old cloth that has not been dried properly which can be a risk factor of reproductive morbidities. Unhygienic practices or hormonal imbalance near menstrual cycle can be one of the various reasons for experiencing ee nungshitki ayetpa before and after menstruation. Vaginal yeast infection which causes irritation, discharge and intense itchiness of the vagina can be caused by hormonal imbalance near menstrual cycle and during pregnancy (Fidel et al., 2000). With marriage, they also experience other sub-events of using birth control methods like modern contraceptives or abortion. Some (5.8%) of them started experiencing ee nungshitki ayetpa like abnormal vaginal discharge after using birth control methods unsuitable to their body like Copper T. Those who underwent unsafe abortion at home narrated that their ee nungshitki ayetpa started after the abortion and their inability to go for proper check-up thereafter. Research have also shown correlation between reproductive health problems and young age at first intercourse, use of intrauterine devices (IUDs), frequent intercourse and pregnancy all of which are part of early marriage. Studies have indicated that adolescents with Urinary tract infections (UTIs) have significant frequency of sexual activity (Nguyen and Weir, 2002). Additional risk of vaginitis like bacterial vaginosis includes the use IUDs and pregnancy (Kent, 1991; Hill, 1993). Studies have also indicated that the risk factors of
vulvovaginal candidiasis includes young age at first intercourse, use of IUDs and intercourse more than four times per month. The risk factor is also increased in women who are pregnant (Barbone et al., 1990; Foxman, 1990; Sobel et al., 1998). It shows that menarche, marriage and childbearing can increase the risk of reproductive morbidities among young girls.

Incidence of ee nungshitki ayetpa is lowest in Tarahei which have higher economic level than Golapati and Kwakta. In Tarahei, 3 (50%) of the married adolescent girls belonging to poverty line suffer from ee nungshitki ayetpa while the other 3 (50%) belonging to top quintile economic level did not report any ee nungshitki ayetpa. The prevalence of ee nungshitki ayetpa is highest in Kwakta at 75% (shown at Table 6.1) and the economic level of married adolescent girls is also lowest in Kwakta with 55% of them belonging to poverty line as was evident from Table 3.7. It shows that poor economic condition can make the married adolescent girls susceptible to ee nungshitki ayetpa as it affects their hygiene and diet. Moreover, lack of antenatal care among the married adolescent girls is also highest in Kwakta. It shows that besides economic condition, rural location leading to inaccessibility of health services and lack of awareness plays an important role in influencing reproductive health behavior and in increasing the incidence of ee nungshitki ayetpa. Such delimiting factors mark the introduction of ee nungshitki ayetpa through major life events like menarche, marriage and childbearing among the married adolescent girls.

Their traditional beliefs, on the other hand consider deviant behaviors as the pathway or causal factor of ee nungshitki ayetpa. A woman can acquire ee nungshitki ayetpa through deviant behavior like spreading menstrual pollution and engaging in
illegitimate sexual activities which can give her *phataba maru* (bad seed). If she is not involved in any of the deviant behavior, she can acquire *ee nungshitki ayetpa* from *phataba mahik* (bad germ) through her infidel husband. They further believe that lack of hygiene and improper diet can lead to *ee nungshitki ayetpa*. Their beliefs emphasize the regulation of a *meeoi suba* (complete human with matured reproductive organs) body as proper behavior and management of the body is believed to prevent *ee nungshitki ayetpa*. The regulation extends to both male and female body, though emphasizing on female body. Their traditional beliefs are consistent with medical science where risky sexual behavior and lack of hygiene are considered as risk factor of reproductive morbidity.

All types of *ee nungshitki ayetpa* can culminate into prolonged heavy vaginal discharge when it becomes very severe. It can lead to loss of vital *phiroimaan* (vaginal fluid) which can drain away the *dhatu* of one’s body like flesh, bone and blood, resulting in *sonthaba* (weakness), *sakchu mangba* (loss of beauty), *yang kangsanba* (weight loss), *hanusanba* (aged). Such severity can occur when one gets inflicted by *Iraileima nazar*. Women’s perception of the effects of white discharge was also examined in a study done by Bang and Bang (1989). They were able to demonstrate high level of gynecological infection and conditions concomitant with frequent reports of discharge by women. Further, women with *safed pani* (white discharge) feel that they are losing their strength and therefore use the terms *kamjori* (weakness) and *safed pani* (white discharge) interchangeably. However, the long term effects of *safed pani* described by women in their study include sterility and cancer (Bang and Bang, 1992; 1994). Results from the ethnographic phase of a study conducted by Pebam (2006) also showed that *phingou chatpa* (vaginal discharge) is used with other physical symptoms such as weakness. In the
present study, loo-tong chumthaba or dhatu loss resulting from phiromaan loss is the reason for weakness and infertility associated with ee nungshitki ayetpa.

II

HEALTH CARE SEEKING BEHAVIOR FOR EE NUNGSHITKI AYETPA

Sexual matters and related gynecological problems are shrouded in a culture of silence, embarrassment, shame and blame leading to inadequate care. Alternatively, symptoms like vaginal discharge may be considered 'normal' and therefore not in need of care (Dixon-Mueller, Wasserheit, 1991). According to Prakash et al., (1994), women tend to consider many symptoms as normal, do not seek treatment until discomfort is quite high and so apparently remain infected for a long time. This is particularly true for young married women, who usually experience low social status in their husband's household and their community.

In India, married women are reluctant to seek medical treatment because of lack of privacy, lack of a female doctor at the health facility, the cost of treatment and their sub-ordinate social status (Santow, 1995; Jejeebhoy, 1998; Barua and Kurz, 2001). This reluctance is exacerbated when symptoms are embarrassing (World bank, 1996; Antrobus et al., 1994) especially among adolescents (Barua and Kurz, 2001). Moreover, women are not the primary decision-makers when it comes to seeking health care in many parts of India. Other family members dictate whether a woman's condition warrants treatment and what type of care she receives. This is particularly the case for adolescent girls, for whom treatment is often delayed while they navigate the familial decision-making process (Prakash et al., 1994; Bandopadhyay and MacPherson, 1998).
Therefore, according to Barua and Kurz (2001), in some cases a need was not felt because symptoms were perceived to be ‘normal’, e.g. certain symptoms of reproductive tract infections (RTIs). Even where a need was felt, it might not be expressed because of shame or embarrassment. Even if the need was expressed, husbands might decide it was not a condition requiring health care, e.g. their common belief that some gynecological problems could be resolved through personal hygiene. Finally, even if husbands sometimes agreed that care should be sought for their wife's gynecological problems, they preferred her to seek care on her own, which some married adolescent girls felt they could not do. Hence, the maintenance of young married girls' ability to carry out household work, protection of fertility and the silencing influence of embarrassment and feelings of shame surrounding sexual matters exerts the strongest influences on whether the reproductive health needs of young married girls were addressed or not.

48 (70.6%) of the married adolescent girls suffer from ee nungshitki ayetpa. However, majority of them, i.e., 38 (79.2%) of them do not seek treatment. The major response given by 27 (71%) of those who do not seek treatment is that it is unnecessary as evident in Table 6.3. It is due to their belief that the symptoms are considered normal, insignificant, mild, self-resolving and an indication of youthfulness and fertility. They consider ee nungshitki ayetpa as a normal body phenomenon experienced by chabokpa ngamba (fertile) and naka oiba (youthful) women, unless it becomes severe. It is the price of fertility and a special privilege of chabokpa ngambi nupi (fertile women) as a result of which she is bound to endure the pain and discomforts that comes along with it. An akhungbi nupi (infertile woman) will not experience it and a girl’s fertility ceases when she no longer experiences ee nungshitki ayetpa. Vaginal discharge or phiornoaan
chatpa is considered essential in order to know one’s fertility status and general health. They believe that phiroidmaan (vaginal fluid) should be constantly present in a fertile woman’s body and phiroidmaan chatpa (vaginal discharge) is an indication of its presence in the body. Vaginal discharge regardless of the color and smell is therefore considered as a sign of hakchang phaba (good health), naha oiba (youth) and chabokpa ngamba (fertility).

Light vaginal discharge, is however, considered abnormal as it is an indication that a woman’s phiroidmaan has dried up and she has become chabok hanthaba (loss of fertility). A heavy phiroidmaan is considered as a positive sign of fertility and youthfulness unless it becomes prolonged. They also believe that prolong heavy vaginal discharge indicates the severity of other types of ee nungshikti ayetpa. It is an indication of chabok hanthaba (loss of fertility) and loo-tong chumthaba (element drain). It is often associated with other symptoms like sonthaba (weakness), sakhru mangba (loss of complexion) and yang kangsanba (loss of weight).

Due to the notion of chabokpa ngamba (fertility) associated with ee nungshikti ayetpa, its pain and discomfort are considered normal, insignificant and not life threatening. It is considered as part and parcel of normal reproductive life which should not be given much thought. Seeking treatment is considered unnecessary and they usually ignore it, waiting for it to resolve on its own. They believe that most ee nungshikti ayetpa are self-resolving and a woman is expected to endure it. Only in few cases will ee nungshikti ayetpa become severe enough to cause sterility. It usually happens when a woman becomes inflicted with Irai leima nazar.
Due to the positive ascriptions of *ee nungshitki ayetpa*, the married adolescent girls are often confused whether to be happy or to seek treatment for it. 19 year old Shahida narrates her dilemma regarding this matter by saying that:

“My phingou chatpa (white discharge) is really making me weak and I want to seek treatment. But I also believe that it is not an illness but a body phenomenon similar to menstruation that is bound to happen to a fertile woman. I was told that a woman’s *phiroimaan* (vaginal discharge) should never dry up or else she will become *chaboktabi* (infertile) and *hanubi* (old). So, I am happy that I have persistent vaginal discharge. It gives me assurance that I am still young and fertile even though I hate its awful smell! But I am worried as I am becoming *sonthaba* (weaker), *sakchu mangha* (losing beauty) and *yang kangsanba* (losing weight) every day. Am I experiencing normal vaginal discharge or from *ee nungshitki ayetpa*? Am I over thinking? I am really confused and worried!”.

Shahida’s major obstacle in seeking treatment is her confusion between what is normal and abnormal in the experienced symptoms due to her traditional beliefs on *phiroimaan chatpa*. Medical science also states there are normal and abnormal vaginal discharge and mucus can play a role in fertility. According to Spenser and Melville (2007), many women have what they perceive as an abnormal vaginal discharge at some points in their lives, but usually it’s just a normal physiological discharge. This is a white or clear, non-offensive discharge that varies with the menstrual cycle. A study conducted by Bigelow et al., (2004) have shown that mucus plays a role in fertility that is more important than its previously identified role as a marker of the fertile window of the menstrual cycle. Researchers have identified increased conception probabilities on days
when secretions were observed compared with no secretions (Dunson et al., 2001) and in cycles with high mucus scores averaged over the fertile window (Standford et al., 2003). Such studies show that normal vaginal discharge is a part and parcel of every fertile woman which is somewhat concurrent with their traditional beliefs on phiromaan chatpa. However, abnormal vaginal discharge differs markedly from normal vaginal discharge as it can signify RTIs or STIs. Any changes in the amount, color or odor of discharge may signify vaginal infection (Fox et al., 1995). According to Shahida’s traditional belief, all types of vaginal discharge regardless of color or odor except for amount are considered normal. Separating the thin line between mild and severe or the normality and abnormality in the experienced symptoms is difficult for the married adolescent girls who suffer from lack of awareness and are influenced by traditional beliefs. Even though they might be experiencing reproductive health problem, they assume that they are experiencing usual signs of fertility thereby avoiding treatment.

As long as ee nunsghiti ayetpa is not severe, shrouded in silence and tolerated, there will be positive ascription of being chabokpa ngamba (fertile). However, if it becomes severe, intolerable and the woman starts complaining about it, she is usually stigmatized. The stigmatization is more amongst young married women who are yet to exhibit their reproductive capacity fully. Fear of stigma discourage 17 (36.5%) them from seeking treatment as seen in Table 6.3.

Stigmas of being loo nandaba (unhygienic), lamchat loodaba (bad behavior), chabok hanthaba (loss of fertility) and suningdaba (lazy/avoiding domestic work) are often assigned to young women in reproductive age group who suffer from severe ee nunsghiti ayetpa. Such stigmas are derived from their causal beliefs of ee nunsghiti
ayetpa which have been discussed above. Their fertility, behavior and hygienic practice are often questioned when they talk about their ee nunsghitki ayetpa. The notion of chaboka ngamba (fertility) and mari chetpa (strong) marital bond also plays an important role in their health seeking behavior. A woman suffering from severe ee nunsghiki ayetpa is considered to be at risk of losing her fertility and weakened marital bond which compels her to hide her health problems. Young married girls are expected not to talk about ee nunsghitki ayetpa as it can portray them as lazy, whiny and avoiding domestic works which is against the cultural ideal expected from a young married woman.

18 year old Farah has been suffering from itchiness in perineal area and lower abdominal pain for quite some time. However, she desperately tries to hide her symptoms due to the stigmas associated with it. She says,

“My mother-in-law often told me that in their times, they gave birth to a dozen kids, did all heavy household works and yet remained healthy. Young married women of today complain about little aches and pain because they are lazy. With such prevailing mindset in the family, how can I even complain about my ee nunsghitki ayetpa? I will be considered as a houjikan mou (modern daughter-in-law) who is suningdabi (lazy/avoiding domestic work). My husband might lose interest in me if he knows about my problems in private parts. The gossipmongers in my locality will doubt my womanhood. They will consider me as chabok hantharabi (becoming less fertile) and someone who is unhygienic. There will be no positive outcomes in complaining about my ee nunsghitki ayetpa other than stigmas and mockery. So it is better to bear all these discomforts alone without
revealing it to anyone. In that way, I can also maintain my fertility status. Besides, do women need to seek treatment for such illness? I don’t think so”.

Married adolescent girls like Farah prefer to compromise with their health rather than to face the stigmas and social consequences in talking about their *ee nungshitiki ayetpa*. It is due to a number of factors. Societal expectations from a young married woman, traditional belief of considering *ee nungshitiki ayetpa* as normal and minor discomfort, and their lower status in the household affected their health seeking behavior. It is also affected by their desire to be an *aphaba nupi* who compromises her reproductive health for the sake of her family to make her marital bond *mari chethanba* (strong) against all odds. Moreover, the desire to maintain *chabokpa ngamba* (fertility) status makes them hide their *ee nungshitiki ayetpa*. This is further augmented by their lack of knowledge which makes them unaware that *ee nungshitiki ayetpa* should be treated like other health problems.

Embarrassment and modesty is another important issue of concern in their health seeking behavior. Embarrassment and the desire to uphold their modesty is the response given by 24 (63.1%) of them for avoiding treatment as shown in Table 6.3. Besides the cultural ideal of modesty, their status of being young married women makes them embarrassed and self-conscious compared to older women. As *ee nungshitiki ayetpa* happens to the most intimate areas of a woman’s body, embarrassment overcomes them from seeking health care. Moreover, they believe that they should not risk their modesty for *ee nungshitiki ayetpa* which may be self-resolving and a normal body phenomenon of any fertile woman. They endure their pain and discomfort with the belief that it will resolve on its own. If their symptoms become intolerable and very severe, they prefer to
seek treatment from traditional healers, female doctor or make their husband ask medication from pharmacies. Older women in their community also narrated that if they could not go to a doctor due to embarrassment or other constraints, their husbands ask prescription from the local pharmacy and use the medications prescribed by them. As 16 year old Nazima narrates:

“I have been married for two years but even today, I feel uncomfortable with my husband. Seeking treatment for my ee nungshitki ayetpa is a far cry. I do not have the guts to discuss or expose the intimate areas of my body to anyone, not even my mother. Besides, why should I risk my modesty by exposing myself verbally and visually for some temporary, self-resolving discomforts experienced by every woman?”.

The desire to uphold their modesty is prevalent among the married adolescent girls due to their religious affiliation, young age and status of being young married wife. It is also due to the cultural regulation of female body. Moreover, due to lack of awareness, they do not consider ee nungshitki ayetpa to be worthy of treatment. Unrelenting efforts by adolescent friendly SRH services with female practitioners are needed in order to help the married adolescent girls with their ee nungshitki ayetpa. The SRH service should be culturally sensitive and respect their need for modesty and privacy while rendering services. Such efforts would encourage them to seek treatment for ee nungshitki ayetpa.

Domestic hardship is another important factor that prevents 34.2% of them from seeking treatment as evident in Table 6.3. The pain and discomforts becomes insignificant amidst the hardships of early marriage and their busy household schedules.
Their usual reply for ignoring their *ee nungshitki ayetpa* is that they have more important things to worry about in life like financial and domestic matters. 7.9% of them also experience lack of autonomy and support in seeking treatment as shown in Table 6.3. 18 year old Leila narrates her lack of autonomy and support in seeking treatment for her *ee nungshitki ayetpa* although she is desirous to do so. She says,

“Due to lack of support, I could not see a doctor for my painful urination. If I go against their wish and see a doctor, it will affect my marital relationship. They will consider me as disobedient, shameless and arrogant. Besides, from where will I get the money to get treatment from doctor and buy medications? I depend on them financially. I know it’s more important to seek treatment but I am helpless!”

Due to their socio-economic condition marked by financial dependence on their family and poor economic background, they do not have the resources to seek their desired treatment. Their low status in the family owing to their young age and lack of autonomy in the family makes them dependent on their husband and in-laws dictum

Due to the cultural, personal and socio-economic reasons, out of the 48 married adolescent girls who suffer from *ee nungshitki ayetpa*, majority 38 (79.2%) of them do not seek any treatment from medical professionals or traditional healers. Only 6 (12.5%) of them seek treatment from traditional healers and 4 (8.3%) from doctors as shown in Table 6.2. The help of traditional healers and doctors are sought when symptoms get worse; affect their daily routine, when home remedy is unsuccessful in easing the pain and discomforts and when they fear about infertility especially before having any children. Home remedies include sitz bath and consuming medicinal plants. Sitz bath is often used to treat *ee nungshitki ayetpa* like itching and swelling in private parts. They
usually sit on a tub for four to five minutes by filling it with hot boiled water, sometimes mixing with salt or medicinal plants. Local medicinal plants like *kongou uyen*, *yempat mana*, *mange* (*Tamarindus indica*) and *kangphan ikaithabi* (*mimosa pudica*) are used for treating *ee nungshitki ayetpa*.

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Golapati (N=15)</th>
<th>Tarahei (N=3)</th>
<th>Kwakta (N=30)</th>
<th>Total (N=48)</th>
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<tr>
<td></td>
<td>f</td>
<td>p</td>
<td>f</td>
<td>p</td>
</tr>
<tr>
<td>No</td>
<td>11</td>
<td>73.3</td>
<td>3</td>
<td>100</td>
</tr>
<tr>
<td>Traditional healer</td>
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<td>13.3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Doctor</td>
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<td>13.3</td>
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</table>

f=frequency, p=percentage

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<tr>
<th>Reasons</th>
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<th>Tarahei (N=3)</th>
<th>Kwakta (N=24)</th>
<th>Total (N=38)</th>
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<tr>
<td></td>
<td>f</td>
<td>p</td>
<td>f</td>
<td>p</td>
</tr>
<tr>
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<td>6</td>
<td>54.5</td>
<td>3</td>
<td>100</td>
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<tr>
<td>Embarrassment/modesty</td>
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<td>2</td>
<td>66.7</td>
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<tr>
<td>Fear of stigma</td>
<td>5</td>
<td>45.4</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Domestic hardships</td>
<td>4</td>
<td>10.5</td>
<td>0</td>
<td>0</td>
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<td>Lack of autonomy and support</td>
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<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

# f=frequency and p=percentage, f exceeds N due to overlapping responses

18 year old Fatima narrates the circumstances which compelled her to seek treatment for her clumpy vaginal discharge. She says,
“I have been suffering from *phingou chatpa* (white discharge) since I was 13 years old. The problem got much worse after marriage and childbirth. I never sought any treatment for it since I never gave much thought about it. I became weaker and began to lose weight every day. I became bed ridden and was not able to move for about a week due to extreme weakness and exhaustion. Finally I went to a doctor for treatment”.

Symptoms of *ee nungshitki ayetpa* which appeared after *balik phaba* or menarche often aggravates after marriage and childbearing. They ignore the symptoms as long their daily routine is not affected as they consider it to be a part and parcel of a woman’s reproductive life. Treatment is sought only when the symptoms get worse, prolonged and affected their daily routine.

Moreover, they seek help when they suffer from more than one type of *ee nungshitki ayetpa*. 18 year old Fiza have been ignoring her abnormal vaginal discharge but became alarmed when she started suffering from painful urination. According to her:

“I was not really bothered by my *phirolmaan chatpa* which I have been experiencing for the past one year. It did not seem abnormal! I am a girl and am bound to experience such girlish things in my life. I was waiting for it to resolve on its own. Since last month, I also started experiencing painful urination. I became scared! I visited a doctor who told me that I have some infections. I am using his prescribed medication”.

Besides seeking treatment after experiencing more than one *ee nungshitki ayetpa*, they render differential treatment to various types of *ee nungshitki ayetpa*. Those which
are associated with pain like painful urination are considered more seriously as it can affect their daily routine. On the other hand, phiromaan chatpa (vaginal discharge) is ignored as it does not give immediate pain although it gives symptoms of dhatu loss like weakness and weight loss. Moreover, identifying what’s normal and abnormal in their experienced symptoms is more difficult for phiromaan chatpa compared to other ee nunsghitiki ayetpa. The notion of cherishing phiromaan chatpa and its comparison with menstrual blood further confuses them. It makes them ignore their phiromaan chatpa.

6 (12.5%) of those who seek treatment from traditional healers responded that embarrassment and desire to uphold modesty is one of the important reasons why treatment from traditional healers is sought. They are attracted to the treatment of traditional healers as there is not physical examination of the body or detailed conversation about their perceived symptoms. On the contrary, physical examination may be necessary while seeking treatment from medical doctor as well as a detailed conversation about their experienced symptoms. Long wait in government hospitals, doctor’s absenteeism and their inability to communicate freely with the doctor also inhibits them from seeking treatment from doctor. Moreover, they also feel more comfortable and can communicate more freely with the traditional healers as they share similar cultural background. In Kwakta where proper health facilities are not easily accessible, the service of the traditional healers is often sought. That is the reason why more married adolescent girls in Kwakta seeks treatment from the traditional healers. The maiba and maibi resides in the locality itself thereby posing no problems of transportation and also charges no or less fee as compared to doctors. The supernatural
cure and herbal medicines of the traditional healers are also considered to have no side
effects. According to 19 year old Nasreen:

“I seek treatment from the maibi in our locality. She does not physically examine
me like doctors nor does she ask too many irrelevant questions in detail. I can tell
her about my problem and she will give the solution just by listening to me. She
understands. She suggested herbal sitz bath using hot water that have been boiled
with the leaves, stem and roots of kangphan ikai thabi (M. pudica) for my
perineal irritation. It cured me”.

The main concern of the married adolescent girls while seeking treatment is to get
a remedy for their ee nungshitki ayetpa without investing much of their resource and
upholding their modesty at the same time. Their cultural value of upholding modesty in
seeking treatment is believed to be possible from the traditional healers and is an
important reason why they prefer traditional healers. Moreover, there are certain
advantages in seeking treatment from traditional healers like ease of communication,
comfort, easy accessibility, low cost and most importantly, the effectiveness of their
treatment. It makes traditional healing an important part of their health care system.
Treatments from medical professionals will be sought if the socio-economic and cultural
constraints are minimized or mitigated.

Traditional healers usually prescribe herbal medicines and supernatural methods
of healing. They incorporate local knowledge and local understanding of the people. For
instance, in contradiction to modern medicine which may pose procurement and financial
constraints, easily available local herbs are used in the treatment of traditional healers.
Their treatments usually provide some sort of temporary relief to the married adolescent
girls who do not have the capacity to seek modern medicine. Without such temporary relief, they would have lived with their pain and discomforts as they face various constraints in going to a doctor. When inquired about his method of treatment, a maiba narrates:

“Modern medicine just arrived recently. I use Unani medicine for treating all sorts of health problems. My medicines are usually successful and my patients trust my treatment. I make my medicines with all sorts of edible good food. Young Muslim married adolescent girls often come to me to seek cure for ee watpa (lack of blood). For treating ee watpa, I make potion using egg yolk, peanut, honey and lime. The anemic girl will be asked to eat a spoonful of the potion twice per day for forty days. She will be advised to drink a glass of milk divided into half dose twice per day without mixing water. So, my medications are mostly good food. For UTI, I make potion by boiling the leaves of tamarind plant along with sitamirch (sweet red sugar) which should be taken for three times a day for seven days. It would cleanse the whole body. For treating infertility, I make dietary plans. The chabokpa ngamdaba (infertile) woman will be advised to eat three eggs on Saturday, sitamirch etc. She will also be asked to eat certain herbs, healthy vegetable and fruits. I will also write religious scripts which should be inscribed on a coin. She will have to wear the coin with a thread which has my duwa (chant) on it”.

The role of the traditional healers in the health sector of the married adolescent girls cannot be underestimated. Since most of the married adolescent girls belong to poor socio-economic background, many of them cannot have a well-balanced diet. Many of
them complained about weakness and fatigue while a few of them reported that they are anemic which was revealed during their antenatal checkup. The maiba cure encourages them to eat nutritious food as part of his treatment regime which is beneficial to those who have to compromise with their diet due to their poor socio-economic condition. The herbal and dietary treatment of the maiba is important in providing relief and in improving the health of those who cannot seek modern medicine.

Notions of chabokpa ngamba (fertility) play an important role in their health seeking behavior for ee nunsghitki ayetpa. Considering ee nunsghitki ayetpa as part and parcel of chabokpa ngamba (fertile) body makes the married adolescent girls ignore the symptoms. It makes them feel normal or happy thinking that they are still chabokpa ngamba nupi (fertile women). Such notions are valid till the symptoms are not severe, hidden and tolerable. However, once it becomes severe and intolerable, they fear about becoming chabok hanthaba (decrease fertility) and when desire to seek treatment are expressed, stigmas are assigned. Young women who complain about ee nunsghitki ayetpa or express desire to seek treatment are also considered to be engaged in deviant behavior. They are stigmatized as loo nandaba (unhygienic), lamchat loodaba (bad behavior) and suningdaba (lazy/avoiding domestic work). Stigmatization compels the married adolescent girls to remain silent, ignore and avoid seeking treatment. There is both positive and negative correlation between ee nunsghitki ayetpa and chabokpa ngamba (fertility). Ee nunsghitki ayetpa is considered as part and parcel of fertile women’s life and also indicative of decreased fertility when it becomes severe. Due to these two contradictory notions attached to ee nunsghitki ayetpa, many of them avoid seeking treatment. It is considered as unnecessary and the fear of stigma always inhibits
them. Such notions also complicate them in identifying the mildness or seriousness of their experienced symptoms. Their confusions inhibit them from seeking treatment with the belief that everything is normal with their body. Only when their ee nungshitki ayetpa becomes very severe, they would suspect that something is odd with their body. Even then, they are compelled to remain silent and ignore it. They are trapped in an endless web of helplessness and confusion. Due to all these restraining factors and the lack of diagnosis, there is always a possibility that the married adolescent girls must have undermined or exaggerated about their ee nungshitki ayetpa.

To the married adolescent girls who are hindered by various socio-economic and cultural factors, the role of the traditional healers cannot be underestimated. The traditional healers provide them with temporary relief and much needed health care while being culturally sensitive to them. Generations of awareness can clear their misconception and encourage them to seek treatment for their ee nungshitki ayetpa. Health services should be more accessible, adolescent friendly with female practitioners and more culturally sensitive while rendering services to the married adolescent girls.

### III

**EFFECTS OF EE NUNGSHTIKI AYETPA ON THEIR QUALITY OF LIFE**

As ee nungshitki ayetpa inflicts the most intimate areas of body, the married adolescent girls usually hide it and make it discreet. As long as the symptoms are mild, it is forgotten amidst their domestic life and household activities. Most of them do not reveal about their ee nungshitki ayetpa to their husband due to embarrassment, fear of negative reaction and the insignificant status of it. They expressed that symptoms like
painful urination cannot be seen though it can be felt by the one suffering from it. They compromise with the pain and discomfort in order to maintain a normal marital sexuality.

Not all ee nungshitki ayetpa however, can be kept secret from their husband as some of the symptoms can be seen and felt by their husbands. It affects their body image and marital sexuality negatively. It worries them constantly, and undermines their confidence in marital sexuality. 16 year old Nazima fears about her husband losing his interest on her due to her foul smelling discharge. She says,

“I change my phanek twice a day when my phingou chatpa (white discharge) becomes very smelly. I do not want the odor to turn off my husband. He might lose interest in me. So far, my husband is not aware of it and I hope that it remains the same”.

In order to maintain their marital sexuality, they do not try to get proper diagnosis or seek treatment for their ee nungshitki ayetpa. Instead, they try to hide their symptoms so that it would not be discovered by anyone, most importantly by their husbands. Desire to sustain physical relationship with their spouse takes precedence over their health, making them compromise with their pain and discomforts. Even though they successfully hide their ee nungshitki ayetpa superficially, their health and body image degenerates.

Besides affecting their marital sexuality negatively, they also experience sonthaba (physical weakness), chaning thakningdaba (loss of appetite), yang kangsanba (weight loss) and sakchu mangba (loss of beauty/complexion) when ee nungshitki ayetpa becomes severe or prolonged. These secondary symptoms of ee nungshitki ayetpa further degrade their body image. It undermines their hope and confidence of a mari chetpa (strong) marital bond. If they experience secondary symptoms, they worry if they are
inflicted with a major health problem other than *ee nungshitki ayetpa*. It also affected their social life as some of the symptoms and discomforts constantly distract them.

However, the most important worry when they suffer from severe *ee nungshitki ayetpa* is its possible effects on their fertility. They fear about decrease fertility or difficulty in conception owing to it. Such fear and suspicions leads to anxiety every day. 19 year old Noorzahan is already blessed with a daughter. She narrates on how *ee nungshitki ayetpa* affected her. She says,

“My *pingou chatpa* (white discharge) makes me exhausted most of the time. I do not feel so good nowadays due to my *ee nungshitki ayetpa*. I don’t know whether I am inflicted with *iraileima nazar*. Will I face difficulty in conceiving again?”

*Ee nungshitki ayetpa* not only affected them physically but also mentally and socially. Due to lack of awareness, they are troubled by unanswered questions related with it, most importantly about its possible implication on fertility. Instead of seeking treatment and finding answers, they compromise with their physical, mental and social well-being due to the insignificant status and stigmas associated with it.

Most of the married adolescent girls try to ignore or hide the symptoms of their *ee nungshitki ayetpa*. The negative effects of their *ee nungshitki ayetpa* are however apparent in their quality of life even with their efforts to prevent it. They wish to form a *mari chetpa* (strong) marital bond with their husband. When they suffer from *ee nungshitki ayetpa*, their body image is negatively affected. It creates fear of impairment in sexual and reproductive function which can lead to *mari chetaba* (weak) marital bond. Therefore, their most important worry when they suffer from *ee nungshitki ayetpa* is the effect on their fertility and marital sexuality as it can affect their marital bond. As long as
these two aspects are not implicated by their *ee nungshitki ayetpa*, they are least bothered by their health problem which is forgotten amidst their busy domestic schedules.

IV

Though having supernatural basis, their beliefs of considering *Iraileima nazar* and body imbalance as pathway of *ee nungshitki ayetpa* demands them to be hygienic and to take care of their diet. There is higher incidence of *ee nungshitki ayetpa* among married adolescent girls from lower economic background who usually compromise with their hygiene and diet. Taking care of hygiene and diet reduces the risk of *ee nungshitki ayetpa* showing that their beliefs have practical implication. Moreover, their beliefs on sexual causes through *phataba mahik* and *phataba maru* encourage them to avoid risky sexual behavior which can prevent *ee nungshitki ayetpa*.

However, majority of the married adolescent girls suffer from *ee nungshitki ayetpa* as they are in risk of it due to various socio-economic factors. Some of their practices related with major life events like, their menstrual practices of using old cloths or lack of antenatal care during pregnancy risk them with *ee nungshitki ayetpa*. They also perceive *ee nungshitki ayetpa* as a normal body phenomenon of a *chabokpa ngamba* (fertile) and *naha oiba* (young) woman even with its pain and discomforts. According to a study conducted by Prasad et al., 2005, many women thought their symptoms were normal occurrences or were reluctant to mention them. However, nearly all of those who reported symptoms on second questioning had an RTI. 40% of women in infertile couples had RTIs, suggesting that more attention to prevention and treatment of these infections
could reduce the rate of infertility. Therefore, treating reproductive morbidities is important in order to ensure one’s fertility and vitality.

Due to the confusion of the married adolescent girls, there is a likelihood of undermining or exaggerating their experienced symptoms which can affect the course of treatment. In the present study, *phiroimaan chatpa* (vaginal discharge) is the most common *ee nungshiti ayetpa* reported by the married adolescent girls. In a study conducted among Manipuri women, Pebam (2006) showed a poor concordance between women’s report of illness with clinical and laboratory diagnosis. In her study, a large number of women reported *phingou chatpa* (white discharge) when they have no discharge at all, and no clinically and laboratory diagnosed infection. Zurayk et al., (1995) also demonstrated high sensitivity for a complaint of discharge but low predictive and poor agreement with medically diagnosed RTI. On the other hand, various studies have shown underreporting of symptoms of gynecological morbidity by women in India (Koenig et al., 1998; Prasad et al., 2005).

*Ee nungshiki ayetpa* degrades their body image which affects their marital sexuality negatively. When it becomes severe, important attributes of their ideal body like physical beauty and *chabok phaba* (ability to bear children easily) are affected. *Loo-tong chumthaba* or *dhatu* loss resulting from *phiroimaan* loss is perceived to be the reason for weakness and infertility associated with *ee nungshiti ayetpa*. However, the fear of being rebuked and stigmatized makes them compromise with their health rather than to face the social consequences in revealing about their *ee nungshiti ayetpa*. Revealing about their *ee nungshiti ayetpa* can also endanger their marital bond as it can depict them as being incapable in their sexual and reproductive function.
Generating awareness and improving the socio-economic condition of the married adolescent girls can go a long way in preventing and treating *ee nunsghitki ayetpa*. Generation of more awareness will help the married adolescent girls in understanding their body better, in identifying the abnormalities in their experienced symptoms and will encourage them to seek treatment. Reis et al., 2011 also pointed out that conservative and/or economically challenged adolescent girls with up to intermediate education were in need of accurate and professional education on sexuality and reproductive health. There is a need to provide more culturally sensitive female health practitioners who can adopt person centered approach towards the married adolescent girls. Inspirations can be taken from the traditional healers who play an important role in providing relief and treatment to the married adolescent girls by catering to their individual needs and socio-economic background. According to Scheinberg (2006), by understanding different norms of modesty and the way women feel when modesty is preserved; providers will have a new insight into the sensitive values of certain cultures, which can enhance their ability to deliver quality care. Health services should be improved and made more accessible so that the married adolescent girls would feel comfortable in seeking treatment and are not deterred by concerns over privacy and confidentiality.