WOMEN'S BODIES AND THEIR WORRIES: "UTERUS PROBLEM" AMONG RURAL WOMEN IN CHIN STATE, MYANMAR

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ABSTRACT

Chin State is one of the poorest and most remote states in Myanmar. The aim of the study was to explain the understanding of women's illness experiences of uterus problems, health seeking patterns related to uterus complaints, and social and economic factors influencing choices of treatment and care for their uterus problems. The ethnographic study consisted mainly of secondary sources, elderly oral history interviews, 1 key-informant interview, in-depth interviews with 8 women, 2 focus group discussions with 10 women, and body mapping with 8 women.

The symptoms they reported included backache, painful intercourse, burning upon urination, white discharge, headache, bad odor, itching, and numbness of the thighs, the fingers and the shoulder. The most commonly perceived causes of uterus problems were due to heavy loads, but there were also a lot of different conceptions. Almost never were they consulted at hospital because they did not have access to hospital health care services at affordable costs. There were three stages of health seeking patterns. Older women who had suffered for years did self care practices and went to a traditional healer to make sure for most types of uterus problems. Younger and single women first sought advice and consulted the healer. The duration of injections took a shorter time than for old women. Women who only suffered from a prolapsed uterus could get recovery from a midwife along with rest and self care practices, too. They almost always relied on self-care practices and the folk healers.

Therefore, the researcher strongly recommends setting up gynecological health care service centers in rural areas by combining them with an indigenous knowledge and healing process, counseling for prevention and management of uterus problems by health workers along with traditional healers for family planning, and providing integrated development programs such as a maternal and child health program, a family planning program, an income generating program, and an education and training program.

KEY WORDS: UTERUS/ BELIEF/ CAUSATION/ SYMPTOMS/ HEALTH SEEKING PATTERN/ SOCIAL ECONOMIC FACTORS

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LIST OF ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
ASEAN	South East Asian Nations
HIV	Human Immunodeficiency Virus
IDU	Injection Drug User
IUD	Intrauterine Device
NGO	Non-Governmental Organization
PID	Pelvic Inflammatory Disease
RH	Reproductive Health
RTIs	Reproductive Tract Infections
WHO	World Health Organization

CHAPTER I
INTRODUCTION

There are at least two kinds of bells: an alarm bell and an invitation bell. An alarm bell challenges us to think of how rural women understand their body and warn us to consider reproductive health problems that they experience. An invitation bell invites us to strive against the unjust socioeconomic and cultural factors. Moreover, an alarm bell invites us to survey and to pick up all the issues into building a healthy life for the women. Among one of the most significant health problems or concerns among women in the greater Mekong region (including China, Cambodia, Lao, Myanmar, Thailand, and Vietnam) is locally called “uterus problem” (Boonmongkon, Nichter, & Pylypa, 2001; Boonmongkon, Pylypa, & Nichter, 1999; Skidmore, 2002; Tian, Li, Zhang, & Guest, 2007; A. Whittaker, 1996; M. Whittaker, 2002). Uterus problem is a symptom related to women’s reproductive organ abnormalities including the vagina, uterus, abdomen, and urinary tract. Perceived uterus problems is not only common among women in greater Mekong region but also causes tremendously psychological suffering and social loss as well as having political and cultural implications on women’s lives (Boonmongkon et al., 2001). Therefore, this study examines the experiences and understandings of the “uterus problem” among rural women in the Chin State, Myanmar, including the health care seeking pattern related to “uterus” complaints and social and economic factors influencing choices of treatment and care for their uterus problems.

1.1 Background and justification

1.1.1 Why is it worth studying?

The World Health Organization (WHO) estimates, 33% of the total disease burden in women globally is in reproductive health. Genital prolapse is estimated to occur in 2–20% in women under age 45. For example, a study in Tamil Nadu, India in 2000 reported that difficulties arose when studying gynecological morbidity because of the sensitive nature of the genital area. Its study stated that of 37 women self-reporting prolapse, and 32 were diagnosed with the condition, suggesting a high correlation between self-reported and diagnosed prolapse ((Bonetti, Erpelding, & Pathak, 2004).

Gynecological problems associated with poverty, hard work and patriarchal domination are expected to be high in developing countries. Its problems can affect any women regardless their age. For instance, gynecological problems in the prepubertal child constitute great levels of anxiety in parents. The various pathologies are encountered in prepubertal girls, including contemporary social issues such as sexual abuse and sexually transmitted diseases. The reasons are urethral prolapse, ambiguous genitalia, vulvovaginitis, and suspected sexual assault (Randawa, Abdul, & Umar, 2008). Likewise, (Hasan, Diejomaoh, Al-Harmi, & Mohd, 2010) described the pattern of gynecological disorders in pediatric and adolescent patients seen at a tertiary care referral center in Kuwait. The most frequent gynecological problems encountered were pregnancy disorders, ovarian cysts, menstrual disorders and infections.

Gynecological problems are significant in women’s health, associated with protrusion of the vagina, pelvic discomfort, backache, sexual intercourse disruption, and ulceration. Prolapse of uterus and/or vaginal vault interferes with bladder, bowel, and sexual function in women (Kavallaris et al., 2005). It is obvious that gynecological problems in developing countries are a significant concern. There has been growing concern regarding the prevalence and extent of uterus problem characterized by discharge with a foul odor, burning, itching and inflammation. Women are affected disproportionately by the adverse effects of these infections, which include infertility,

preterm birth and enhance transmission of the human immunodeficiency virus (HIV) and the herpes simplex virus (Kisa & Taskin, 2009).

Over the last decade, women's gynecological morbidity in developing countries, in particular reproductive tract infections (RTIs), has become a major issue. These include, but are not limited to, "infections of both the lower and upper reproductive tracts that can be sexually transmitted, endogenous resulting overgrowth of microorganisms normally present in the vagina or iatrogenic contracted during medical procedures. RTIs are a cause of pelvic inflammatory disease (PID) that can result in infertility, a contributing factor to low birth weight and premature delivery, a risk factor for cervical cancer and AIDS, and in the case of some specific infections, a health program experienced more often by users of particular forms of contraception" (Boonmongkon et al., 2001). PID alludes to inflammation of the upper genital tract, presumably as a result of infection (Hillier et al., 1996) .

There is evidence to say that women experience gynecological complaints in different cultures and social classes in a variety of ways. What may be seen as little more than a nuisance to women in one culture may be experienced as a source of a grave concern in another culture. Women in one culture may suffer silently with an ailment, while in another culture they may readily communicate their worries to their husbands and kin. In one culture, gynecological problems may be considered solely the problem of women, while in a different culture their male partners may view themselves as potentially responsible for the reproductive and sexual health of their partners. Likewise, in one culture, health care seeking for gynecological complaints may be a prompt while in another, shame or stigma may cause significant delays in seeking care.

Gynecological complaints are a challenging community health problem in Asia because not only are they common, but there is often a lack of adequate facilities and training to properly diagnose the problem. For that reason, women face inaccessibility for health care facilities and treatment which cause them to more suffer without appropriate treatment (Boonmongkon, Nichter, Pylypa, & Chantapasa, 1998). Health education promoting preventive practices of those gynecological symptoms exist, but they are not extensive enough. Although much evaluation exists on the effect

of health education, there is not enough literature on the social and psychological effects of the misinterpretation related with immoral 'bad female sexuality' and promiscuous women (Boonmongkon et al., 1999).

Vaginal infections are very common and many women find embarrassing to deal with because of a culture of silence. As a result, they fail to seek treatment for their uterus problems and suffer a long time from the same recurring symptoms. This results in a significant reduction in quality of life and severe indirect effects at a societal level. Consequently, their problems remain a serious health and social problem (Boonmongkon et al., 2001; Kisa & Taskin, 2009; M. Whittaker, 2002), especially for women in rural area where access to women's health services is rarely the case. Also, they delay appropriate treatment for their uterus problems that cause them life long suffering.

1.1.2 Gynecological complications in Myanmar

Myanmar is a member of South East Asian Nations (ASEAN) and the largest country in mainland South-East Asia with a total land area of 676,758 square kilometers. According to (WHO, 2006), it is estimated that about 70 percent of the population resides in the rural areas. With regard to reproductive health (RH), a few studies show the needs in health infrastructure for reproductive health. Reproductive health is a very serious concern and higher than any other health problem. Myanmar faces many problems, particularly health-related problems such as high maternal mortality rate, maternal morbidity rate, reproductive tract infections, induced abortion, and sexually transmitted disease rate due to inadequate knowledge, limited awareness of reproductive health and lack of access to reproductive health services. As a result, both men and women suffer from reproductive health problems. Traditional values, cultural norms and religious beliefs influence many behaviors related to health which can, at times, put lives at risk. These affect negative outcomes of reproductive health cause them to be the victims of RH. Inadequate services, low education, and economic crisis make women more vulnerable to receive gynecological problems in Myanmar.

In addition, (Ministry of Health, 1999) issued that very little reliable information is available concerning reproductive health conditions in Myanmar.

Available information indicates reproductive health problems are both widespread and serious. The chance that a woman will die due to pregnancy-related causes is 1-in-33 and skilled attendants are present at only 40% of deliveries nationwide; only 20% of deliveries take place in a hospital or health centre. Gynecological problems and reproductive cancers were asked about more frequently by women. Stress on male involvement in reproductive health, in public health programs and possible changes in the perception of male roles in reproductive matters may account for the finding that nearly half the calls for information regarding birth spacing and safe motherhood came from men. At the Central Women's Hospital, Yangon, RTI prevalence data were conducted and it measured the prevalence of RTI among 346 women with symptoms of white discharge or pelvic pain coming to an out-patient gynecological service. The prevalence of non-specific infection was 54.4 percent (Ko Ko Zaw et al, 2011), which is considered quite a high prevalent rate.

There is a need for standardization of case management recommendations for RTI treatment in Myanmar. Unfortunately, little data about the prevalence of most RTIs in Myanmar is available. The hindrances to improved reproductive health care in terms of gynecological problems are in general cost for transportation, hospital facilities, gender issues based on cultural sensitivity, inadequate knowledge and the negligence of its problems. The women embedding gynecological problems lack hope for their future life. The problem of iatrognic infection still remains largely undocumented in Myanmar (Ministry of Health, 1999). Therefore, further research concerning the prevalence of RTIs is urgently needed.

1.1.3 Research on "Uterus Problem" in Chin State

Chin State is one of the poorest states and most remote state in Myanmar. The research on rural Chin women's gynecological problems is intentionally neglected. In fact, some organizations that want to come and aid the Chin people are not allowed access to the region. In other words, rural women's gynecological problem is currently one of the most inadequately researched and treated areas. Chin State is an isolated and mountainous region and has poor health outcomes and lacks basic infrastructure. No network of roads connects the nine major townships of Chin

State. Communication and transportation are extremely difficult due to the lack of infrastructure. The few roads existing are unpaved and often impassible in the rainy season (HART, 2012; Sollom et al., 2011). Transport is mainly done on foot. The lack of infrastructure and poor communication have hindered development and make day-to-day life difficult. At the same time, travel to Chin State is restricted for outsiders, contributing to the isolation of local communities. Most of the population are farmers practicing rotational cultivation (WLC, 2007).

There is little information about women's health issues published and researches done until now. However, it is believed that women in Chin State have been suffering from gynecological problems because of severe reproductive problems and lack of accessibility of reproductive services, physically demanding work in the farms and rice fields. The research about rape issues, done by (WLC, 2007) stated that many Chin women raped are still suffering deep psychological trauma from their experience. They are very much worried that reproductive tract infections may lead to death from cervical cancer. The women who were raped have no access to support-systems inside Myanmar although state-sponsored groups like Myanmar Women's Affairs Federation (MWAF) are set up to endorse and implement Junta government dictatorship.

Gynecological problems in Chin State are also a result of social and cultural structural factors. Patriarchal culture views that men are more valuable than women, which impacts both women's low socio-economic position and their health status. With respect to women's health consequences specific structural factors associated with the health system impacts access to health services and thus the health status of the population: poverty, services provided, the quality of service supply, and inequity in health resource allocation within the remote areas. Most rural women are burdened with an excessive work load, such as working on the farm, the house, and raising animals. In some areas, women's responsibilities also include gathering firewood and fetching water from far away sources. These women have no time to rest or to think about seeking health care. It is common for women working in the rice fields with their legs soaked in the water and backs bent for long hours to transplant rice during their menstrual cycles (Boonmongkon et al., 2001; Tian et al., 2007) .

As previously mentioned, Chin State is a remote area in bondage of poverty. Almost all women who are not government workers spend their time working in agriculture, the main source for family survival. Due to political conflict, many young people flee to other countries as refugees and some women are the victims of rape by the juntas. From my four year working experience in church-based organizations as a Pastor and a community leader, particularly in Chin State for four years, I've seen and met many women in these conditions. They reported their worries about gynecological problems as a result of poverty, hard work and the division of labor. Some reported their worries about uterus problems as a result of being rape victims.

Discussing their worries about uterus problems on their body refers to as the *"nau inn,"* meaning, "home of the baby" or "the place in which the baby lives." Literally, the term "nau inn" is translated as 'uterus.' Nowadays, uterus problems are very common and the women worry about body pain and treatment. Owing to patriarchal culture, lack of research, poverty, limited health care services, they do not talk about their problems and fail to seek for treatment for them. Illnesses resulting from gynecological problems are very complicated. The way women respond to their illness experiences have cultural implications. Hence, women have high concern about social consequences that make them suffer more in their illness.

Furthermore, in Chin State, many women have no voice because of cultural beliefs. Tian's study (Tian et al., 2007) reflects the influence of the culture of silence contributing to a low level of seeking reproductive health care and possibly associated with a high prevalence of RTIs that were just an ordinary ailment that they should tolerate. It was also embarrassing for women to talk about such abnormalities in view of unacceptability in their culture. Some women regarded excessive vaginal discharge or abdominal and low back pain as part of "a woman's lot," "women's problem," "women's disease" or the nature of being a woman. Consequently, it is unnecessary to seek medical assistance, as women must bear it quietly. Reproductive culture among Chins is prescribed taboo both in the view of men and women.

There is a great need to understand uterus problems from the context of everyday life. Cultural and social structural context in which people live: poverty,

gender inequality, geographical barriers and choices of treatment play important roles in determining meanings about their gynecological problems, such as symptoms, cause, effects, and types of treatment sought. It seems apparent that women in the rural areas, because of their household responsibilities, poverty, and lack of education and access to health care, power, social status in their family and society, tend to neglect their illnesses until they become too sick to attend to their normal chores.

Moreover, it is undeniable that reproductive health problem including “uterus problem” or “gynecological symptoms” among Chin women is extremely serious. Many women are farmers who work in the field with their domestic animals from sunrise to sunset without any rest except on Sunday. Therefore, gynecological problems, particularly in rural areas in Chin State are urgently needed to do the research in order to understand social, cultural, economic, political situation to choose for treatment and to help them do intervention and prevention program to overcome social suffering and unnecessary health consequences. Now is an opportune time for every person who is keen to help women speak out about how they have been suffering from uterus illness and to heal their sufferings in the remote areas, isolated by the junta government for a long time. In order to hear and listen to the voices of the voiceless about the rural women’s bodies and their worries in Chin State, this study is urgently important.

1.2 Research questions

1. What are the illness experiences and understandings of “Uterus problem” among rural women in Chin State?

2. What are the health care seeking patterns related to uterus complaints?

3. What are the social and economic factors influencing treatment and care for their uterus problems?

1.3 Research objectives

1. To explain the experiences and understandings of “uterus problem” among rural women in Chin State

2. To explain the health care seeking patterns related to uterus complaints

3. To explain the social and economic factors influencing choices of treatment and care for their uterus problems

CHAPTER II
LITERATURE REVIEW

2.1 Introduction

This study seeks to explain illness experience and health care seeking pattern related to uterus problems and social economic factors for treatment and care and views that the variation of their illness experiences, health seeking behavior, choices of government facilities and social consequences of their everyday lives could be due to socioeconomic, cultural and sociopolitical contextual factors. The geographical environment in which the rural women live could be potential factors affecting the aforementioned as well. Therefore, an explanatory model, a critical interpretive approach, and a political economy of health approach on 'uterus problem' are applied and serve a theoretical framework for explaining the uterus problems and their associated causes. This chapter presents both the overview of the approaches and a critical review of empirical studies related to the study topic. In addition, a conceptual framework of hypothesized relationship among contextual factors and health care seeking pattern of women with uterus problems is illustrated by a map.

2.2 Theoretical concepts

2.2.1 Critical-interpretive medical anthropology by Margaret Lock and Nancy Scheper-Hughes

A critical-interpretive medical anthropology approach proposed by Lock and Hughes, is to describe the variety of metaphorical conceptions about the body and associated narratives and to show the 'social, political, and individual' uses to which these conceptions are applied in practice. By using this approach, medical knowledge is not conceived of as an autonomous body, but as rooted in and modified by practice and social and political change. Therefore, a medical anthropologist tries to explore

the notion of “embodied personhood”: the relationship of cultural beliefs in connection with health and illness to the sentient human body (Lock & Scheper-Hughes, 1990; Scheper-Hughes & Lock, 1987).

2.2.1.1 Concept of the three bodies

Lock & Scheper-Hughes and Scheper-Hughes & Lock analyzed the concept of the three bodies. First, the individual is based on lived experiences of the body-self. The constituent parts of the body-mind, matter, psyche, soul, self- and their reactions to each other and the ways in which the body experiences health and sickness are highly variable. In other words, cultural disparities affect body imagery, disease etiology, treatments and cultural differences affect the conception of the self. The illness dimension of human distress is being medicalized and individualized rather than politicized and collectivized. Medicalization entails a missed identification between the individual and the social bodies and a tendency to transform the social into the biological. Body image refers to the collective and idiosyncratic representations an individual entertains about the body in its relationship to the surrounding, containing ‘internal and external perceptions, memories, affects, cognitions, and actions.’ For example, blood is a nearly universal symbol of human life. In short, ethno physiological perceptions, including body image, offer a plentiful source of data on both the social and cultural meanings of being human and on the various threats to health, happiness, well-being, and social integration that humans are believed to experience (Lock & Scheper-Hughes, 1990; Scheper-Hughes & Lock, 1987).

Second, the social body is referring to the representational uses of the body as a natural symbol with which to think about nature, society, and culture. It shows the constant exchange of meanings between the natural and the social world. The body in health offers a model of organic wholeness: the body in sickness offers a model of social disharmony, conflict, and disintegration. Society in sickness and in health offers a model for understanding the body. (Scheper-Hughes & Lock, 1987) quoted the study of Bastien about the Qollahuayas in Bolivia that understands their own bodies in terms of the mountain and consider the mountain in terms of their own anatomy. The body such as machine, the Dogon house etc…

represents different meanings in different contexts. In a nutshell, it is concerned with the symbolic uses of the body as a metaphor of society and social relations.

Third, the body politic is referring to the regulation, surveillance, and control of bodies (individual and collective) in reproduction and sexuality, work, leisure, and sickness. The stability of the body politic rests on its ability to regulate population (the social body) and to discipline the individual bodies. It can be concluded that it explains the power relations between social groups, individuals and groups, and the processes of socialization, regulation and conformity to the social and political order.

2.2.2 Concept of ethnophysiology

"Ethnophysiology is the study of how bodily processes are understood in different cultures and how such understanding influences perceptions of health, physical development, illness, medicines, and diet. Perceptions of bodily process influence what physical symptoms are deemed normal and abnormal at particular times and which ones are deemed serious enough to warrant treatment beyond simple palliative care. Ethnophysiology contributes to the meaning accorded to particular symptoms and plays an important role in determining thresholds of symptom tolerance" (Nichter, 2008).

Ethnogynecology, the study of local perceptions of woman's bodily processes, further illustrates the far-reaching importance of investigating local representations of physiology and pathology. It influences perceptions of women's reproductive health over the life course. In northeastern Thailand, (Boonmongkon et al., 2001; A. Whittaker, 1996) the practice of 'staying by the fire' (yuu fai) for a number of days following delivery promotes health and reduces harm. They felt that a result of an inadequate period of "staying by the fire" following delivery is a current problem. This kind of traditional postpartum practice is believed 'to dry out the uterus and to return it to its normal pre-pregnancy state.'(A. Whittaker, 2000) stated that women's reproductive-bodies are considered to embody both dangerous substances and potent forces of fertility. It can carry a wide range of meanings beyond the physical experiences of symptoms and express understandings of their relationships

with men, their social and moral status as well as commentary on broader social forces that affect their lives.

(Walraven et al., 2001) proved that reproductive-organ symptoms were more vulnerable to illness because of their gynecological perceptions. The frequencies of reproductive-organ morbidity were high. Women had at least one reproductive-organ disorder. Illness is not thought about only in relation to recent events and immediate causal factors; women recognize that inattention to health during a time of vulnerability may result in lifelong problems. Postpartum care is an example of preventive health care and harm reduction practices. As discussed, local practices are related to perceptions of ethnogynecology that take account of a women's body over the life course (Nichter, 2008).

2.2.3 Political economy perspective by Lynn M. Morgan

Lynn M. Morgan, a professor in department of anthropology, University of California, Berkeley, examined several basic premises of dependency theories and analyzes their contributions and limitations for the development of theory in the political economy of health. Political economy must learn from anthropology and vice versa. Morgan states that through this reciprocal integrated concept, political economic approaches will go into regular medical anthropology to provide a synthetic new perspective on sickness and health. Three theoretical paradigms included with the political economy rubric of health are outlined, namely orthodox Marxism, cultural criticism, and dependency theory.

As for the definition of the political economy of health, Morgan cited the definition of political economy of health from Baer (Baer: 1982:1) who defines the political economy of health as, "a critical endeavor which attempts to understand health-related issues within the context of the class and imperialist relations inherent in the capitalist world system." Beyond the fundamental definition, a total political economy of health approach should include a historical perspective, conflict or dialectical models of social change, and a theory of disease causation that is multifactorial and encompasses social etiology. In short, the political economy of health is used as a macroanalytic, critical, and historical perspective. This can analyze disease distribution and health services under a variety of economic systems, with

specific emphasis on the effects of stratified social, political, and economic relations within the world economic system.

It is very clear that from the perspective of orthodox Marxists, health status and the organization of health care are direct results of the capitalist socioeconomic formation. This approach is to explain macrophenomena like the evolution of the medical-industrial complex and microphenomena like the interpersonal aspects of doctor-patient relations. Orthodox Marxist political economists have a dual agenda: they seek to explain the socioeconomic and political nature of medicine within a Marxist framework, using concepts such as class struggle and the desirability of socialist revolution; they also wage a constant battle to convince mainstream health professionals to accept their interpretations. Their purpose is ‘not to understand the world, but rather to change it.’

With respect to cultural critiques that question the value of the medical services themselves, biomedicine is often detrimental to individual health and to standards of social equality. The concept of social control is an analytic tool of cultural critics that argue that medicine supports and replicates the status quo by keeping women and minorities subordinate. They also examine individuals within the context of unequal power relations based on gender, race, and socioeconomic status. An understanding of inequality cannot be complete without considering social class dynamics with the context of changing relations of production. The focus would veer from econocentric models to socially centered models that emphasize social class, the professionalization of medicine, competition between health-care providers, and the dialectic relationship between sociopolitical structure and medical systems (Morgan, 1987).

In addition, political economy approach seeks to show that good health is defined in political terms not only as a state of physical or emotional well-being but as ‘access to and control over the basic material and nonmaterial resources that sustain and promote life at a high level of satisfaction,’ that means that ‘a key component of health is struggle’ (Baer, Singer, & Johnsen, 1986). For political economists, society marginalizes ill, ageing or physically disabled people who could not contribute to the production and consumption of commodities. In addition, women, people from non-English-speaking backgrounds, non-whites, the aged, the unemployed and members

of the working class are also marginalized. They are considered as greater social and economic disadvantages. They have restricted access to health care services and suffer poorer health as a result of marginalization. Resources are not available for the underprivileged. Moreover, medicine just creates social inequalities and separates the privileged and the underprivileged. Therefore, health care under capitalism is 'perceived as largely ineffective, overly expensive, under-regulated and vastly inequitable' (Lupton, 2003).

2.2.4 Concept of health systems by Kleiman

(Kleinman, 1980) illustrated this medical pluralism in showing that complex societies have three overlapping sectors or health care systems. The popular (lay) sector involves culturally based personal and familial beliefs and practices. Patients themselves along with their families, social networks, and communities perform health care, including a wide range of therapies that are special rituals, diets, prohibitions on certain behaviors, herbs, teas, exercise, rest, baths, and massage, and, with the rise of commercial pharmacies, articles such as over-the-counter drugs, vitamin and nutritional supplements, humidifiers, heating pads, and hot water bottles. Based on his research in Taiwan, Kleiman estimates that 70 to 90 percent of the illness treatment episodes on the island occur in the popular sector (Kleinman, 1980; Singer & Baer, 2007).

The folk sector involves cultural ethnomedical traditions and specialists. For instance, it consists of various healers who are self-trained or undergo an apprenticeship and self-practice independently and often out of their home and even on a quasilegal or illegal basis. Shamans, mediums, magicians, herbalists, bonesetters, lay midwives, psychics, and faith healers are normally considered as the healers.

The professional sector involves legally sanctioned professionals. It is in general dominated by biomedicine and provides the official and legally sectioned western medical service. For example, it is composed of the practitioners and bureaucratic structures like clinics, hospitals, and associations, associated with both biomedicine and professionalized heterodox medical systems like Ayurveda and Unani in South Asia; acupuncture and herbalism in China; homeopathy, osteopathy,

chiropractic, and naturopathy in Britain; and Heilpraktikers (naturopaths) in Germany (Kleinman, 1980; Singer & Baer, 2007).

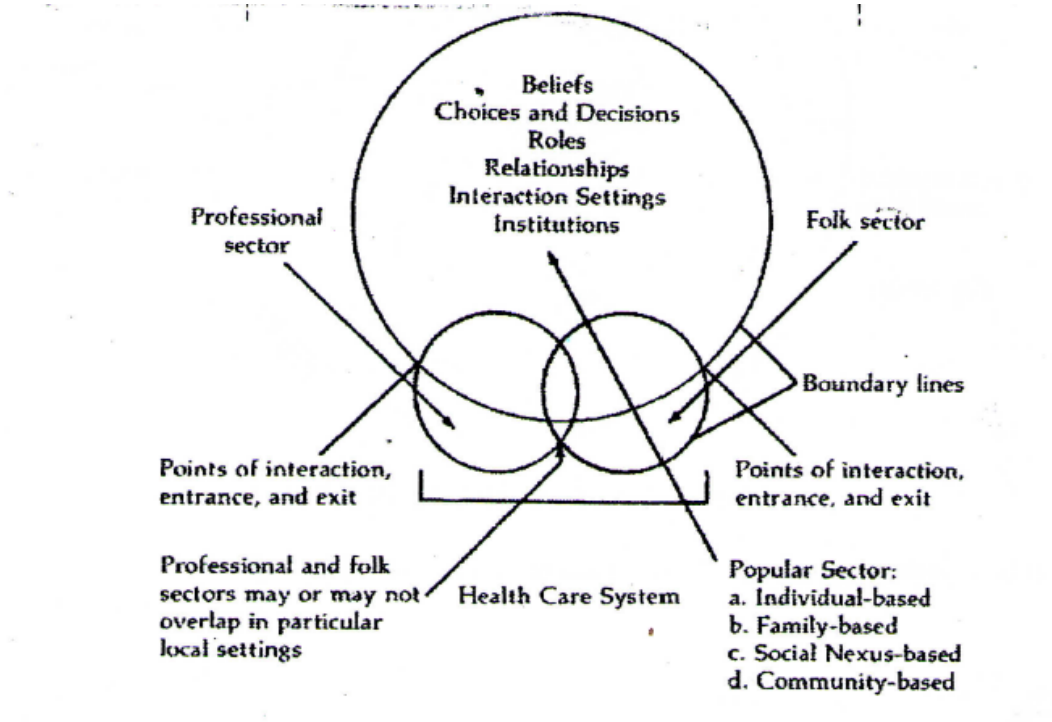

Figure 2.1 The Three Sectors of a Health Care System (Source: Kleinman 1980: 50)

2.2.5 Illness experiences

No one is free from illness experiences. It is undeniable that when we feel something happening in our body, we look for the places where we can consult one of the sectors for treatment. (Kleinman, Eisenberg, & Good, 2006) discussed illness experiences. The illness begins with personal awareness of a 'change in body feeling' and continues with the 'labeling' of the sufferer by family or by self as ill. They seek advice from members of the family or the community and consult professional and marginal practitioners. Diseases are known as abnormalities in the structure and function of body organs and systems diagnosed and treated by modern physicians. However, patients suffer from illnesses because of disvalued changes in states of being and in social function or what is so called the human experience of sickness. Illness can occur in the absence of disease and the course of a disease is distinct from the trajectory of the accompanying illness. Unless the patient follows the prescription of physicians to cure disease, they may not recover from it. The reason they fail to

follow through on the medical regimen may be that they do not understand or do not agree with the physicians' stated rationale for their actions.

In the western medical paradigm, disease is malfunctioning or maladaptation of biologic and psychophysiological processes in the individual. Illness that represents personal, interpersonal, and cultural reactions to disease or discomfort is shaped by cultural factors. It is evidence to say that perception, labeling, and explanation are processes embedded in cultural constructs. Illness experience is strongly influenced by culture and is an intimate part of social systems of meaning and rules for behavior. The way of perceiving, experiencing, and coping with disease is due to socioeconomics. In a, our expectations, experience of symptoms, and responses often flow from our own perceptions.

The way we communicate our health problems -- our symptoms, when and to whom we seek for care, how long we remain in care, and the way we evaluate that care – are all affected by cultural beliefs. Illness behavior is influenced by cultural rules. The variation may be equally great towards ethnicity, class, and family boundaries in our own society. Doctors' explanations and activities are also culture-specific. Neither disease nor illness should be regarded as entities. Its concepts are explanatory models mirroring multilevel relations between separate aspects of a complex, fluid, total phenomenon: sickness. The dynamic interplay between the biological level, psychological level, and sociocultural level of sickness requires a new framework for understanding and treating sickness to be developed. The disease/illness distinction is one conceptual means to meet this requirement.

On the other hand, doctors often disregard illness problems because they view the disease as the disorder. It is obvious that both views are insufficient. The study of medical anthropology shows that traditional healing in developing societies and popular health care in our own are principally concerned with illness, i.e., with treating the human experience of sickness. Healers try to provide a meaningful explanation for illness and to respond to the personal, family, and community issues encircling illness. Castro added that 'individuals' subjective experiences of health and illness cannot be fully understood unless they are analyzed in the context of individuals' lives as a whole' (Castro, 1995). In rural areas among developing nations,

it is generally accepted that gynecological illness problems are common, and self-reported complaints are higher than any other illness.

2.3 Perceived symptom of illness experiences of uterus problems

2.3.1 Perceived symptom of uterus problems

Women's complaints of uterus (mot luuk) problems include fungal, viral or bacterial infections that may be sexually transmitted. They are also endogenous or iatrogenic in origin, including muscle strain associated with hard manual labor. Each problem is different and requires specific treatment. Women in Northeast Thailand view the visual images of uterus problems, including "the presence of a large ulcer, fungus, or collection of pus inside the uterus." There is belief among women that uterus problems may lead to life-threatening cervical cancer. The initial symptoms are pain in the uterus, lower abdominal pain, and inflammation/infection of the uterus, a bad uterus or vaginal discharge. The secondary symptoms are discharge, fungus, itching, an ulcer or tumor, or infection, which then becomes cancer (Boonmongkon et al., 2001; Boonmongkon et al., 1999).

The women mostly complain that uterus problems negatively impact their life through such things as painful urinating, abdominal pain, backache, painful intercourse, burning upon urination, white, water discharge, itching, foul-smelling discharge, difficult lifting, sitting, walking and standing (Bonetti et al., 2004). Furthermore, they are more likely to experience tiredness, aches, pain and depression. Consequently, lack of treatment leads to worsened weakness and psychological distress because they are worried about their physical health and reproductive tract morbidity (Patel, Andrew, & Pelto, 2008). (Hilber et al.) cited Green's study that describes the life of women's experiences of gynecological problems which cause vomit, pus, diarrhea, or menstruation.

(Boonmongkon et al., 2001) states uterus problems are mixed with symptoms widely 'associated with the reproductive tract, abdominal and pelvic regions, and sometimes the urinary tract.' It is believed that the symptom range from abdominal and lower back pain to vaginal discharge, itching, odor and rash. Pains are

associated with occupational health problems. Women experiencing persisting uterus problems are often subject to both physical pain and psychological suffering, which prevents them from sitting, walking, sleeping or working. Many women suffer from chronic symptoms for years.

2.3.2 Health seeking belief of uterus problem

Among women's belief about vaginal discharge, it can be both normal and abnormal. In the normal vagina, discharge is perceived by women as something normal and nonpathological; a biochemical process influenced by diet and hormone levels, particularly estrogen, associated with the menstrual cycle. Vaginal discharge has also been attributed to frequent or early-onset sexual activity, risky sexual behavior, sexual intercourse during menstruation, use of hormones, oral contraceptives and antibiotic medications or douches (Foch, McDaniel, & Chacko, 2001; Markham et al., 2007; Short, Black, & Flynn, 2010), insertion of vaginal agents for sexual pleasure and birth control complications with sterilization, pregnancy, abortion, smoking and personal hygiene. Linking vaginal discharge to disease or infection depends on clinical examination and laboratory testing for accurate diagnosis. Nonetheless, self-reports and naked-eye evaluations of vaginal discharge are commonly used in the diagnosis of a variety of gynecological disorders in South Asia and parts of Africa, making disease prevalence associated with reports of vaginal discharge difficult to decipher. Furthermore, researchers have pointed out discrepancies in reported versus observed gynecological problems (Kostick et al., 2010). The pertinent factors affecting differential illness experiences, health seeking behavior pattern related to uterus complaints, options of hospital facilities and social consequence of their daily lives have been widely explored. It has been confirmed that people's cultural background, socio-economic characteristics, and sociopolitical characteristics are significant determinants of their lives.

Whittaker illustrates in summary the complexities of women's rationalities and the web of influences upon their choices-the health seeking culture as practice (M. Whittaker, 2002). The women's narratives are also placed within the broader context of gender, power and health systems structuring their decision making. She also discusses how social and economic resource factors influence the

choices women make regarding when to begin treatment for vaginal discharge and where to seek care. When women suffer from a health problem in terms of gynecological problem, they make “decisions about when, where, from whom and how much care to seek within a pluralistic health system. The strategies women take are oriented uniquely to their social, cultural, and economic circumstances, and characteristics of the illness being experienced at the time” (M. Whittaker, 2002).

Most women do not want to talk openly about uterus problems (Bang & Bang, 1994). (Mulgaonkar, Parikh, Taskar, Dharap, & Pradhan, 1994) in India concluded that cultural factors are one of the determinants to block them to come to health program. Cultural factors include complacency regarding feeling of “well-being”, check-up felt “unnecessary, fatalistic attitude, private/confidentiality during check-up, shyness to expose oneself in front of many, weary of medication, and money. (Tian et al., 2007) also found that a “culture of silence” was related to a low level of reproductive health care seeking and possibly associated with a high prevalence of RTIs. Women do not want to talk about uterus problems because it was embarrassing and not acceptable in their culture. Lack of female doctors and lack of women’s voice are the reason for not seeking care as well. As previously mentioned, the study confirmed that some women viewed excessive vaginal discharge or abdominal and low back pain as part of “a woman’s lot”, their problem, their disease or the nature of being a woman. As a result, no medical assistance is required but rather they just bear it quietly (Kisa & Taskin, 2009; Tian et al., 2007).

(Oladapo & Durojaiye, 2010) firmly stated that the poor outcome of care of gynecological problem is due to the patient’s financial limitations. (Kostick et al., 2010) explained that uterus problems, particularly, vaginal discharge, is caused by a lot of circumstances in women’s lives, significantly the quality of marital, sexual and family life, along with more general factors like poverty, malnutrition and poor living conditions that are the causes of gynecological problems as well as non-treatment.

Sociopolitical factors such as gender, class, ethnicity, inequality in health and research allocation are the determinants for being not able to seek treatment. (A. Whittaker, 1996) reflected on the interactions which are micropolitical situation that parallel relations in society between clients and service providers. It seems obvious that gender, class, and ethnicity are factors inherent to the client-provider relationship.

In addition, (Patel et al., 2008) suggested that women's causal attributions are due to money and unemployment worries, excess daily work, and fights with one's husband or other family members. In principle, the factors determining health seeking belief are cultural, socioeconomic and political status greatly influenced to seek their gynecological treatment and care.

2.3.3 Social meaning of uterus problem

Women's complaints of uterus problems include physical pain which prevents women from sitting, walking, sleeping, or working, and psychological suffering. Their physical pain is intolerable and the vaginal itching is severe. They suffer from chronic symptoms for years. Furthermore, women who have experienced chronic or recurrent symptoms are afraid of cervical cancer and death. Gynecological problems are a source of gossip. The symptoms are believed to associate with sexual impropriety and poor hygiene and along with other causes. It seems apparent that there are a lot of complex factors which influence uterus problems. It can be said that the factors of uterus problems and of not seeking treatment are social and gender issues (Boonmongkon et al., 2001).

In terms of ethnophysiology on gynecological problems, recent studies examine how women perceive themselves. It is clear that women believe that they are vulnerable. They use different metaphors on behalf of their bodies. For example, (Bang & Bang, 1994) stated that a woman said, "Like every tree has flowers, every woman has white discharge." (Hilber et al.) illustrates metaphorical descriptions of the body. For instance, the female reproductive organs in relation to childbearing are seen as a means of production and consumption. Cooking metaphors are common. (Hilber et al.) citied Kashamura's statement interpreting that among the ethnic groups in the Great Lakes region in Africa, a sensual woman's vagina "is like a tasty meal." In these contexts the "basic idea concerning the female body is that it provides food, sexual pleasure, and children. The providing roles of a woman and the uterus are symbolized by a mortar, a basket, a calabash and a pot. Furthermore, as for ethnogynecology, and illness experiences, the approaches presented explain how the women understand their ethnogynecology and their illness experiences are crucial.

In summary, women in different cultures understand their ethnophysiology and illness experiences in different ways. They represent their bodies in different meanings and interpret the meanings in line with their own cultural, social, and political economy context. However, the symptoms and the illness experiences that they suffer are in general identical to each other no matter where they live. Whether they can and cannot go to hospital is also determined by their cultural, socioeconomic and sociopolitical constructions. The women in the remote areas normally could not afford to visit health care providers due to lack of transportation and poverty.

2.4 Conceptual framework

2.4.1 Theoretical approaches' application to my research framework

An explanatory model is able to explain the local people's beliefs about the name, the cause, the symptom and treatment of the disease they have been suffering from their gynecological problems. It explores the factors affecting their lives, helps examine how women experiencing uterus problems interpret the causes and progress of illness and how they think their illnesses should be treated. What has happened and how or why, the timing of symptoms onset: why this has occurred now, pathophysiological processes: what the condition does to the body, the natural history of the uterus problem: its anticipated course and effects if left untreated, and appropriate treatments: what the woman thinks should be done (Winkelman, 2009). In addition, it provides a way of explaining how the uterus is interpreted by both the women and health care providers to decide among possible therapies. It will also give a detailed account of the broader societal factors affecting exposure to causes as well as preventive information about relevant health resources that affect health seeking behavior.

A critical-interpretive approach is known as meaning-centered approach in medical anthropology. The fundamental claim of the cultural interpretive model is that disease is not an entity but an explanatory model and disease belongs to culture, in particular to the specialized culture of medicine. And not only is culture a means

of representing disease, but also it is essential to its very constitution as a human reality. It seems clear that disease is knowable from a cultural interpretive by both sufferers and healers alike through a set of interpretive activities, involving an interaction of biology, social practices, and culturally constituted frames of meaning. Interpretive medical anthropologists acknowledge and are attempting, and in some cases, succeeding in producing work that is highly sensitive to political economic issues (A, Baer, Singer, & Susser, 2003). Its approach seeks to go beyond a culturally sensitive perspective to reveal the contingency of power and knowledge in both their creation of and relationship to the culturally constructed individual body. Furthermore, it tries to show among the mind-body and the individual body, social body, and body politic in the production and expression of health and illness (Lock & Scheper-Hughes, 1990).

Political economy of health approach demonstrates the origin of inequality, particularly gender, class, ethnicity, health inequity and unequal resource allocation (Roseberry, 1988). In short, these approaches seek to explain illness experiences, self-care practices and health seeking behavior patterns related to uterus complaints and the social, cultural, economical and political factors determining choices of care and treatment for uterus problems.

2.4.2 Illness experiences and explanatory model

Illness experience behavior, hierarchy of resort, and stage of health seeking behavior can be explored through the three sectors: popular, folk and professional. It will describe the onset of personal awareness of bodily changes due to vaginal discharge, abdominal pain, and itching, genital prolapsed, etc., self-assessed symptoms, explanation about disease classifications that are names, meanings, causation, symptoms, severity, type of treatment sought, type of subjectivity of pain, social and cultural meanings of the disease (e.g. who/ what types of women have these disease and why?), how the family and the community respond to women and the social and psychological consequences embedded in relation to the uterus problem.

2.4.3 Critical-interpretive approach

That approach can be applied to explain the three bodies: the individual body, the social body and the body politic. Cognitive symbolic approach can be attached in order to understand how they understand their body and the meaning of the symptoms and the social consequences in their daily lives. It will explain how the women understand their ethnophysiology and anatomy of reproductive organ: image, its functions, sexual and gender ideology related with uterus problems that characteristic of immoral women, bad luck and taboo practices. It also includes the metaphorical conceptions and representation about uterus and vagina, prohibition and male involvement in relation to health seeking behavior for the uterus problem.

2.4.4 Political economy of health

This approach can be applied to understand the specific structure of social relations that give rise to and empower particular cultural constructions and to criticize the inequality in terms of gender, class, ethnicity, health and resource allocation. It also can be applied to demonstrate client-provider relations in respect of inequality. It will explore the nature of geographical barriers for government health facilities, transportation, communication and socioeconomic factors including poverty, poor living condition, and hard work. This approach also examines health care system choices related to treatment, gender in/sensitivity among health care providers, perceived technical competence of government health providers, communication gap, lack of positive social interaction between client and provider due to class differences, racism, prejudices and discrimination led to health seeking behavior.

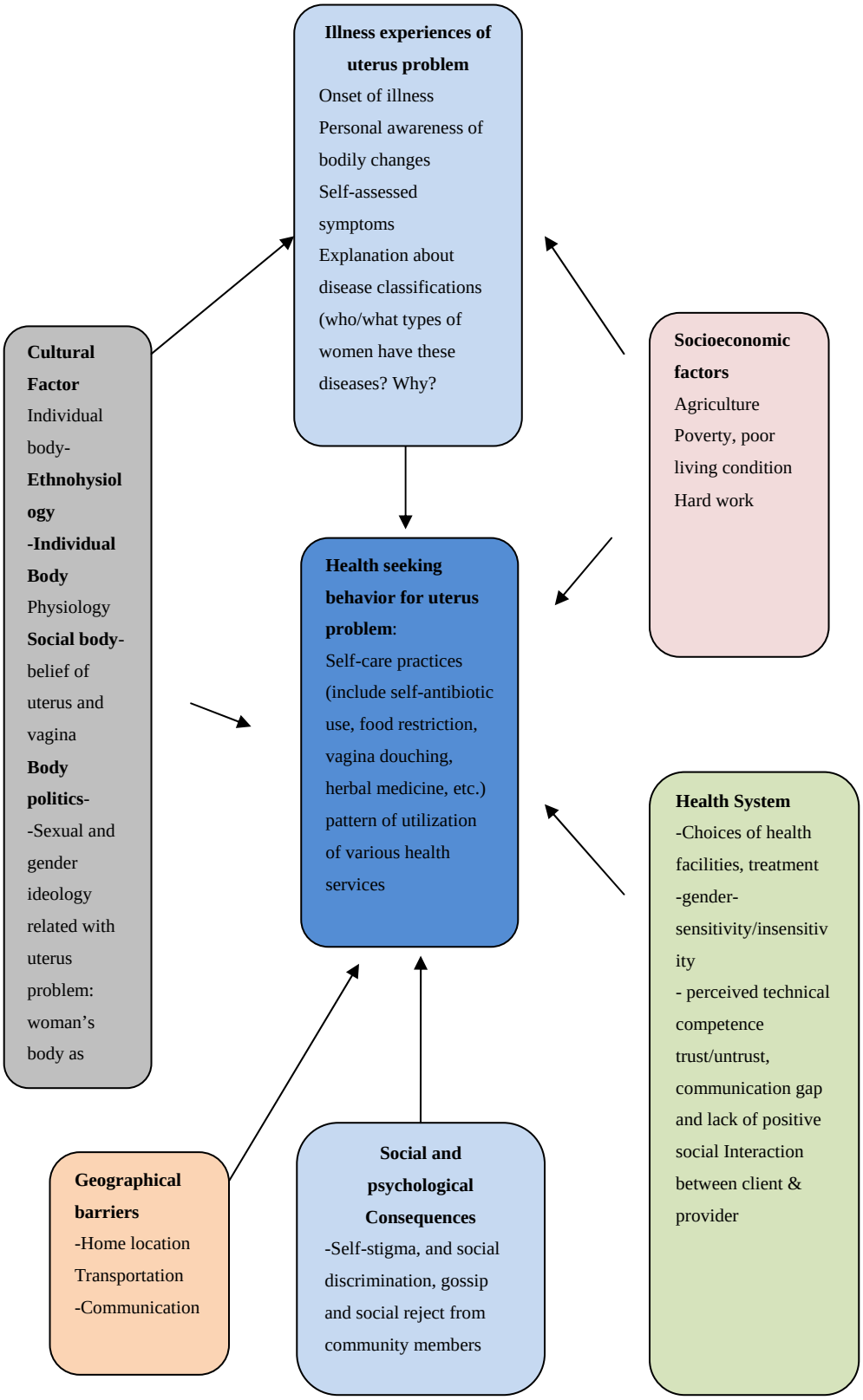

Figure 2.2 Conceptual framework

CHAPTER III
RESEARCH METHODOLOGY

The study aims at explaining the understanding of illness experiences of uterus problems, health seeking behavior, and social, economical, cultural and political factors determining the rural women's illness experiences of uterus problems. Field work was conducted over the course of four months in the study area. Throughout the research, trustworthiness of the data was a major concern and particular tactics were applied to ensure the data and analysis reliable.

3.1 Research design

This study is ethnographic research. Ethnography research approach is particularly useful in the area of women's reproductive health using secondary resources, elderly oral history interviews, participant observation, in-depth interviews, key informant interview, body mapping, and field note writing, which are the research method in ethnographic research. Its ethnographic technique was an effective way to talk about their gynecological health problems. In other words, using an anthropological lens helped to understand the perceptions of local Chin beliefs, attitudes and knowledge, and socioeconomic status affect choices and decisions about health care, and to describe actual patterns of care-seeking pattern and social consequences.

Ethnography is known as the study of culture based on the assumption that knowledge of all cultures is valuable. The main functions of ethnography are to understand the reality of specific social context and the unconstructed data from a few respondents, and to analyze the data by looking as an insider at its meanings. It also helped examine the local Chin women's health directly related to their gynecological problems in line with their own context. The ethnographic approach with each of its

components was used to achieve the research objectives. Observation also played an important role in understanding the life, feelings, and their situations. In-depth informant interviews were conducted to examine the individual illness experiences, their health care seeking patterns, and social economic factors for treatment and care.

3.2 Research site

The research was conducted in Phaizawng village, Hakha Township, the Capital of Chin State, a socially and economically marginal area. It is not situated on the highway and is not well connected by local and private transportation. There is no health care center in the village. There were two main reasons to select this village. First, this village was selected because it is a typical village, with similar characteristics and social contexts of other villages in Chin State. For example, a post-primary school was the only source of education to children. As a result of a poor education system, the majority of the students failed the matriculation exam, which stopped their future and further education. Christianity has become an integral part of the village identity.

Other similarities include the majority of the inhabitants are economically poor. There is also illiteracy, ill transportation, lack of communication and information. Alcohol consumption and smoking were a major problem in the research area. Patriarchal ideology was still deeply rooted and the majority of household tasks were considered women's tasks vulnerable to their uterus health. Women in the village suffer from uterus problem regardless of age, and they had no voice that could help them heal their suffering.

Second, this village was selected because I have good rapport and deeply rooted mutual trust with the village inhabitants. It was my birthplace and workplace since I graduated theological education in 2004. Since I was their native villager, I did not need to build mutual trust and acceptance because they already knew me very well. Additionally, I did not have to invest the time introducing my identity. I did not have to think about where I should stay or eat because my father and youngest brother

live in the village. Therefore, Phaizawng village (see more in Chapter 4) in Hakha Township was chosen for a study site.

Figure 3.1 Phaizawng Village from the East

3.3 Entering the research field

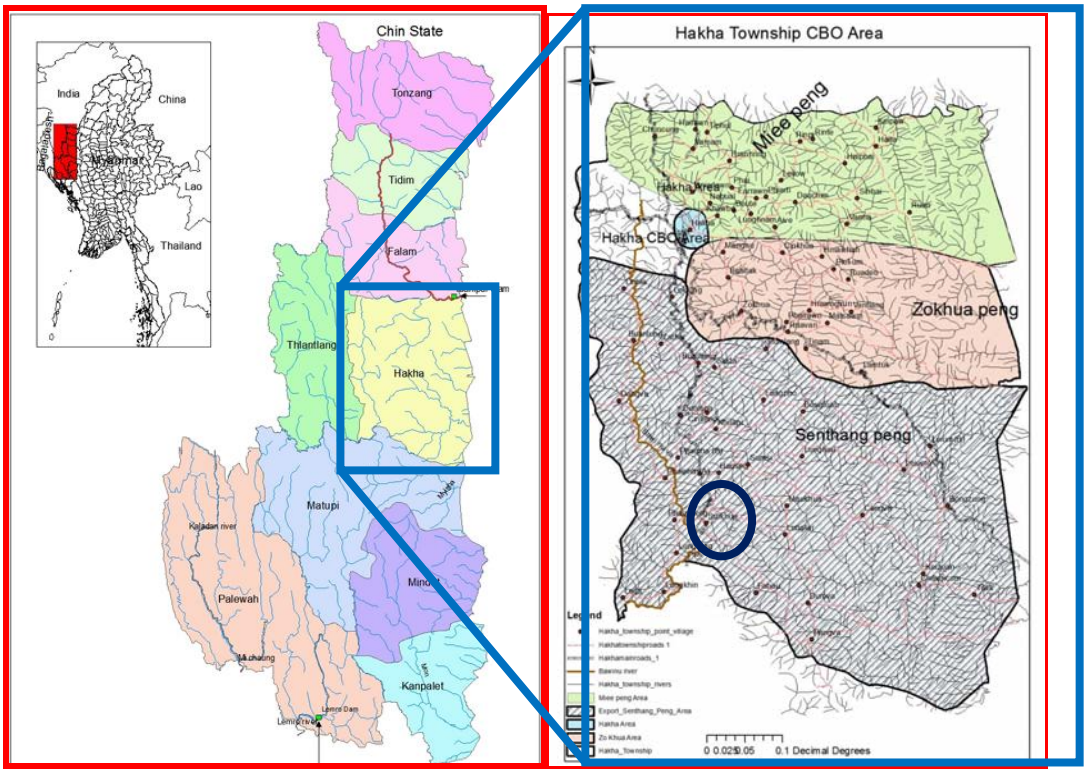

Figure 3.2 Location map of the study site

I was well prepared for the field work since I left my residence near the campus of Salaya, Mahidol University. For example, pictures were taken to show and presents were brought for them. Furthermore, I wrote a letter to my home church to let them know about my plan in the village. Shortly after I got ready to visit the research field, a taxi was hired to drive me to the airport and I flew to Yangon, the former capital of Myanmar. I felt disconnected because Yangon is over 632 miles away from Hakha. During the rainy season, vehicular traffic can be disrupted on the road that links Hakha and Mandalay because of landslides triggered by heavy rain. I was thinking a lot about the possible problems I might face before and after I got the research field; whether poor transportation or poor communication would hinder my trip was a great concern.

After everything was ready, I resumed my trip from Yangon to Kalay by bus, which took two days and a night directly. I felt very tired from sitting on the bus all day and all night. Between Yangon and Mandalay, the motorway called highway was in good condition. However, from Mandalay to Kalay, particularly in the rainy season, the buses were likely to be packed with firewood. If the first bus had something wrong happen, all the buses behind were blocked. The passengers were very worried about the bus having an accident. It is expected that all the government leaders comfortably sitting in Yangon and Mandalay may change their mentality to be for their people in terms of transportation and communication. At that time, a big difference between our neighboring nation and Myanmar's transportation is seen.

Figure 3.3 A bus between Mandalay and Kalay

From Kalay, I headed to Hakha by Golden Lion Bus. We went up the Chin hill slowly by bus with a loud sound (tuk, tuk, tuk) and white and black smoke. We arrived at Hakha at 4:30pm. The women from the research field stayed with me in my relatives' houses and they told me who I should contact from the local women. I shared with them my interests and explained anything that they wanted to know about. They were smiling and laughing when I told them that ladies wear short skirts in Bangkok.

At Hakha, I tried to make contact with some of my classmates and my teacher from Mahidol University via the internet. Unfortunately, the internet connection was extremely slow and made me unable to get in touch with them. Fortunately, after four days, I had access to a jeep car whose owner allowed me to take a seat beside the driver. On the way, we got in and out depending on the road. I took a couple of pictures of the road.

Figure 3.4 A motor car way between Hakha and Surkhua nearby the research field

That was a four and half mile way that is very hilly. We along with other friends headed to the research field on foot. There is the Bawinu River Bridge between Surkhua and Phaizawng. On the way there, we took a rest and the local women brought cucumbers that we ate together on the bridge. We talked about how much happy we were to come together to our mother village. Though not very far, it took me four hours to reach my research field. Wow! My body and clothes were sweaty, and also my thighs felt numb.

Figure 3.5 Bawinu River Bridge on the way to Phaizawng (research field)

I entered into the research field with three identities: religious worker, researcher, and ex-foreign student. Shortly after reaching there, many villagers greeted and welcomed me with their missing and lovely voices, and smiling faces. At that time, we shared the sweets bought in Bangkok. I said, “These sweets are from Thailand.” They were eager to know a lot of details from me in terms of my studies and life in Bangkok.

Some relatives thought that I might never eat maize and cucumbers in Thailand, so they offered them to me to eat immediately as a way of showing their kindness and mercy upon me. While eating them, I told them about my research and answered their interests in my studies, living conditions, experiences and the beauty of Thailand. My life felt mixed with happiness because I was tired from the trip. During the next few days, I visited and observed the village and talked with them about the village’s situations such as health, living conditions, the development of the village, the crops, the weather, social and political issues and so on. I felt that older people wanted to talk about their sons and daughters living abroad, especially in Malaysia and some other nations whether they might be able to return to Myanmar and some young people asked me whether they should go abroad for work, particularly in Malaysia.

The local people said to me, “You have better communication skills than before.” At that time, I smiled and recalled how my classmates, teachers and advisor taught me to deal with the people to get the information from them. I gained back rapport and trust from the community. Also, I thanked Mahidol for teaching me research skills. Furthermore, I was allowed to perform my religious role as before. I prayed for those who were in need of prayer, told them about Thai experiences and

taught them about health social sciences. I felt that they were very interested in current political issues in Myanmar because people asked me about the differences between Thailand and Myanmar in terms of governments and money exchange rates. As I was a Pastor in that Church, a family of a new baby who had received a blessing from God was brought to the Church to submit his whole life and to thank God who had given them a lovely son in front of all Church members. I took that responsibility in line with a Baptist tradition.

Figure 3.6 Prayer service for a new-born baby at Phaizawng Baptist Church

On Sunday evening, a father named Pu Steven was prepared to go to Malaysia to work there. The church leaders were invited to pray for him to go there safely. It is strongly believed that prayer can change everything. The next day, there was a Lian Thang and Mary wedding ceremony; a duty that I was used to performing regularly. The wedding feast was happily conducted on the ground.

Figure 3.7 A wedding feast in the research field (left) and Prayer service (right)

Soon after I arrived at the research field, on Sunday morning and the next day at the wedding ceremony, I had a chance to let them know about my research's objectives. Those public services helped me provide enough information about their

experiences with gynecological problems because of their respect and trust they had for me as their pastor who prayed and performed religious and various rituals for them. As a result, there were no problems in starting my study in the research field.

For a span of several weeks I collected literature such as books, theses and magazines in relation with Chin community and the village information. Furthermore, we visited older local people and conducted oral interviews on the history of the village. We talked to them about the culture, the onset of illness, and socio-economic issues that could cover the background information of the research field. In other words, oral histories, oral proverbs directly related to women and the subtitles in the study were gathered from the local people. Phaizawng magazine published in 2010 helped me better understand the local background information. After gathering all the information I needed to use, I commenced field note taking.

In terms of choosing informants, I made known each area of research to the public, particularly the church. Additionally, they were taught a brief introduction of the relationship between health and social science. At that time, some texts in the Bible used to let them know about health directly or indirectly related to reproductive health. Moreover, they were invited to share their life experiences in relation to gynecological problems. At the same instant, the local women who had uterus problems came to me to participate in the study. Among them, some who have had gynecological illness experiences currently were selected based on their ages. Sometimes, they asked me, “Why did you no longer teach us the Bible like in the past?” I explained to them that you listened to the message of God through me in the past. But now, I came here to listen to and hear of your voices and sufferings. Therefore, their heads were nodded in order to show their agreement on the explanations.

3.4 Informants recruitment: Church activities and wedding ceremony as platforms

3.4.1 Recruitment process

My informants were chosen from church activities and a wedding ceremony. My previous church-based experiences in promoting health, gender and family planning, and teaching the Bible there made it easy to contact local people. First, all types of information about the research were announced in the church and public festival. At that time, they asked me about Thailand and the life experiences there. The informants willing to participate in the research came to me after making the announcement. Informants from different age groups shared their problems. Almost all were farmers who used up their energy in farming and household tasks. Some were younger, middle and older ages. All informants suffered from this problem. The younger women began suffering recently and the older suffered longer from it because the older women got the problem from a young age. I talked to them that I would interview them again.

To be informants of in-depth interview, they were chosen based on their ages because getting the information from different aged groups was considered vital. The severity of nau in problem was also taken seriously into account to choose them. In addition, based on their marital status, they were selected. For example, different aged women had different illness experiences and sufferings. The names of the informants were Nu Da, age 32; Nu Su, age 40; Nu Zung, age 45; Nu Ngu, age 17; Nu Sa, age 15; Nu Ba, age 24; Nu Ni age 45 and Nu Si age 45. Among them, Nu Ngu, Nu Sa and Nu Ba were single; Nu Da, Nu Su and Nu Zung were married and Nu Ni and Nu Si were single-mothers. The table of their information was described at 4.7 in research finding part. All informants except a traditional healer suffered from uterus problems. For younger ladies, some questions like sexual intercourse and pain were avoided asking to build trust. Their own houses and the church were chosen as locations because 100 percent of population in study area is Christian. Only two women came to my house to be interviewed.

For focus group discussions, I chose the other ten women to be informants. I made known my criteria to homogenize participants in focus group discussions based on being the same age and having similar problems. All women interviewed were low education and farmers except one woman who is a school teacher. After acquiring the information for the research's objectives, they came to me in my house, the church and the wedding ceremony. The participants of the first focus groups were Nu Ha, Nu Ngun, Nu Mar, Nu Len and Nu Sam. Nu Ha and Nu Mar were single mothers and the rest were married. The names of the participants of another focus group discussion were Nu Zu, Nu Doi, Nu Tial, Nu Mah and Nu Ti. All were married and suffered from nau inn problems. Only Zu could not have a baby. They were divided into two groups based their ages.

Table 3.1 Characteristics of participants in focus group discussions

No	Name	Age	Education	Marital status	Duration of illness
1	Nu Ha	29	Primary	Single mother	Years
2	Nu Ngun	29	Primary	M	Years
3	Nu Mar	27`	High school	Single mother	3
4	Nu Len	27	Teacher	M	2
5	Nu Sam	28	Primary	M	Years
6	Nu Zu	38	Primary	M	Years
7	Nu Doi	43	Primary	M	Years
8	Nu Tial	43	Primary	M	Years
9	Nu Mah	40	Middle	M	Years
10	Nu Ti	42	Middle	M	Years

These women in the study were chosen and given the blank paper to participate in body mapping. The papers were explained to make sure what types of information from their life experiences were required and needed. After they clearly understood the information, I let them draw the map of their bodies that showed their illness experiences, the form and the location of nau inn.

3.5 Research methods

3.5.1 Key-informant interview

3.5.1.1 Traditional healer

The traditional healer, who lived in a village four miles away from the researcher, was informed about the study in advance. He is well known for his miraculous treatments for illnesses related to the appendix, bonesetters and reproductive health problems. When he was asked about healing the patients, he recalled his activities since he was young. The information in short he said to me was,

> *"Since I was young, I treated and healed my classmates who had bones and nerve problems because of accidents and the football match. I never asked the money from the patients unless I use biomedicines. I trust in God who is always with me to treat and heal the patients. Some can be healed but not all."*

Figure 3.8 A widely known traditional healer Pa Ming

It is widely believed that his healing knowledge and power are gifts from God. I stayed with his family four days and three nights and was very much welcomed. He said to me, "You are young and eager to help the local people. I really appreciate what you are doing and teaching." The interviews included common health problems in the community, the life of women, and the classifications of gynecological problems, the cause and the effect of the problems to women's life in accordance with a traditional healer using scenarios. The general questions were about common health problems, treatments, causes and symptoms, etc. I interviewed him twice. The first interview took three hours because he asked me a lot about my studies and theology. After everything was written down, the field notes were shown to him

though the researcher was not requested to make sure whether the data was complete. At the same time, I interviewed him again, which took around 30 minutes.

3.5.2 Secondary resources

In order to better understand and use reliable information about the township and Chin State, secondary resources such as magazines, theses, and books were carefully selected. Those reliable resources focusing on the community and Chin State provided the details and the exact information.

3.5.3 19 elderly oral history interviews

To make sure the secondary resources related to the history of the village, belief of gynecological problems, and other diseases and treatments were accurate, nineteen elderly people were selected. They were older in age and could recall histories that the young generations did not know. Their information was a valuable resource. The names of the elderly oral interviewees were Pi Nu (age 75), Pa Za of over 70, Pa Hram of over 73, Pa Kar of over 75, Pi Dum of 60, Pi Sam of 65, Pi Mang of 66,Pa Siang of 67, Pa Sui of 59, Pa Duh of 59, Pa Kio of 80, Pi Zing of 63, Pa Ram of 80, Pi Cuai of 60, Nu Ngun of 45, Pa Hrang of 50, Pi Eng of 40, and Pu Tin of 50. Two of them, namely Pi Zing of 63 and Pi Mang of 66 were kyphosis due to lack of health care service of nau inn problem.

Figure 3.9 Their backs bent down due to untreatment of nau inn problem

3.5.4 In-depth Interviews

In-depth interviews were conducted with women to elicit information concerning illness experiences, treatment and social consequences of uterus problems. The questions addressed the cause of the illness, its symptoms, treatment and constraints on seeking treatment and social consequences. I made appointments to conduct the interviews. Some women were interviewed at their home or at verandahs, depending on their preferences. Before starting the interviews, I always began by praying for them which was one of their requirements and explained all the processes clearly to them. Normally, the question I used to introduced them to the conversation was, "Where did your family go today?" Most women responded that *lautho mi ce um ba ce a um maw*, meaning "there has no time taking a rest for farmers." Then, I moved to their interest issues such as religious belief, political issue in Myanmar and economical issues. The next question I asked them was,

> *"How long have you had nau inn problem?""wow a sau tawik ca, a mu kong ka rik ne ka lung a dong, meaning "wow too long. Whenever we think about it, we have no hope and we are very much worried about our life."*

I showed my sympathies to them. The next questions were, "How has the illness and symptoms affected your life and work? Did you treat the illness with medications yourself without seeing a nurse or doctor first? The general answers were the doctors were very far from here. How could we go there?" Where did you go?

The interviews in general were conducted twice. The first time I conducted interviews, it took around two hours and the second time took around 30 minutes. Some questions asked were, "could you please tell me what you did when you suffered from your health problems (related with your uterus)? Please tell me types of uterus problem you have. Why didn't you go to hospital? How were you treated and prescribed by a traditional healer? During the interviews, Tape recording was used as well. After conducting the interviews, most women prepared the food for me and we would have lunch together. Some of the issues I faced were that I took time from some mothers taking care of their children who cried during the interviews. Moreover, it was difficult to understand the names of the medicine they used, because they were different from the real medical terminologies.

3.5.5 Focus group discussions with women in general

Two focus group discussions (five women in each group) were conducted to better understand local social and cultural beliefs and behavior relating to women's gynecological health, and socioeconomic contexts which influence patterns of health seeking practices. For the first focus group discussion, I told the participants ages 27 to 29 to choose their preferred location. The place in which they chose was Phaizawng Baptist Church in the time and they came along with their sons and daughter in general of two to three years old. That day was a sun shining day that attracted them to dress their tidy and lovely clothes in line with the weather. When the time was up, they sat around the table I arranged. The blackboard and the chalk were also prepared to write down and draw the picture in order to make sure questions and answers. Prior to interviewing them, I was asked,

> *"Why you did not have any children until now and how did you fall in love with each other?"* They laughed.

Then, as usual, I prayed to God for the program and their future life. Shortly after the prayer, every process they had to understand and to do was explained clearly with reference to the research process. Discussion topics varied but mainly included understanding/ illness experiences, behaviors, economic context, factors and social support. It took around three hours because sometimes their sons and a daughter cried, played and fought each other. The interviews were conducted only once. Four participants were farmers but one woman was a school teacher. I gave them each turn to speak out their feelings, thoughts and experiences. When they were asked about the pain during sexual intercourse, some were smiling and some closed their mouths with their hands. After that, we had lunch together.

Another focus group discussion was conducted in a very young mother's house in which they preferred to go there to conduct the discussion at night. Their ages were 38 to 43. Like the first focus group discussions, I explained all the processes and the same questions were used. I also prayed for them before starting the discussion. But as they were older women, they made jokes with each other about the pain around the vagina or not during sexual intercourse. I had less time talking because of their

uncontrollable interests, expressions, feelings and talks on nau inn problem. During the discussion on sexual intercourse, Ti said, *"As my husband is drunk, he does not care about whether I feel pain or not."*

The discussions were held twice. The first time took more than three hours because sometimes they discussed other issues not related to my research questions. I bought the milk and sugar and the house owner bought cakes for that night discussion. The second time took around one hour at Phaizawng Baptist Church. Tape recording and logistically support throughout the focus group discussion were arranged. As a result, focus group discussions were effectively carried out.

3.5.6 Body mapping with women with symptoms

Eight women with uterus problems were chosen to draw the position of the uterus problem, as well as the body spaces and relationships between them and the position of pain on the body. The blank papers were given to them to draw and show the position of pain and uterus problem on the body. The local names of pain and problems in connection to uterus problems are given and written down on the papers and then the local terminologies were translated into English. Body mapping was used to grasp how they understand their pains and uterus problems on their own bodies in accordance with their own knowledge.

3.5.7 Observation

Participant observation was the main method in ethnography, in which the researcher became a member of the research community. Also, observation made the ethnographic research unique and opened avenues to important types of information that were otherwise hard to obtain or access. Observations were used to comprehend their behaviors, life illness experiences and consequences, and situations directly or indirectly in their houses as well as in the public area whenever possible. Furthermore, the observations included health seeking behavior, treatment healer procedures, and daily social and economic activities of the women.

3.5.8 Field note

Field notes were written about whatever I saw, heard, smelled and felt, even tasted in detail. Also, the notes were taken when I joined in the daily life activities, chats and interviews. The information was about their life, work, relationship, feelings, and also the new language used to describe their problems. My ideas and problems during the field work were additionally noted down. All the facts with reference to nau inn problem were written down every day so it helped me guide to give more attention to explore in the following day. I also always kept a time frame for my observations.

3.5.9 Research tools

The tools used in this study were:

- Secondary resources
- Nineteen elderly oral history and key-informant interview guidelines
- In-depth interview guidelines
- Focus-group discussion guidelines
- Observation guidelines
- Digital tape recorder
- Field notes

3.6 Data analysis

Secondary resources were carefully selected before interviewing the elderly who possessed information related to the research topic. The secondary data was recorded and at the same time, the elderly oral history interviews were conducted to get undocumented information and to confirm whether the secondary data was reliable. Observation data and experiences during participant observation in the research field were recorded in an ethnographic diary for analysis. Interviews were audio recorded with the permission of participants and were transcribed verbatim. Transcriptions were analyzed within a day after the interview to establish

conformability. In other words, transcriptions were also reviewed again to assess the data to ensure the quality of transcription. Field notes were analyzed directly by the original language. I reread, wrote memos, coded, made themes, and noted data. Content analysis data focused not only on the meaning of the data, but also the way they used data, their emotions at the moment of interviewing, and how their opinions were expressed. Then, all the names of the participants except the names of nineteen elderly oral history interviews in the interviews were coded by pseudonym names.

Thematic content analysis seemed to be more reasonable and suitable. Its analysis involved the identification of the classifications before coding and discourse analysis aimed at studying how the participants' discourses and conversations could reflect the social context and reality. Its analyses were used to identify the themes of the data. A code book was kept to record special data and to transform the observation and interview data into categories to identify the themes. The rigor of the study was examined by a set out criteria. Credibility was established by performing validity checks with the participants to ensure that they agreed with the transcribed data, so to achieve an insider's understanding. Reliability was established through the coding and re-coding of the transcripts to ensure the codings and categories were free of ambiguity, overlaps, and lack of clarity (Siu, 2008). Additionally, after all themes and codes were classified, theoretical concepts of cultural-interpretive medical anthropology by Margaret Lock and Nancy Scheper-Hughes, political economy perspective by Lynn M. Morgan, and health systems by Klieman analyzed all data to build the first draft of thesis findings. Finally, some data were presented; some by their originally local dialectical quotations along with translations. The discussions, feedback and comments followed the research writing.

3.7 Validity of Data

3.7.1 Triangulation

Triangulation of data with more than one method, namely key-informant interview, in-depth interview, focus group discussions, body mapping, observation, secondary resources and elderly oral history interview was to improve validity of data. During the data collection, my identity was revealed as a graduate student from Health Social Science Program at Mahidol University in Thailand. Before conducting the interviews, I had let them know about my study objectives to be able to understand women's illness experiences, health care seeking patterns of problem and social cultural consequences to grasp the factors influencing problem, and to listen to the voice of them how to promote reproductive health program in the rural areas.

3.7.2 Trust and rapport building

Even though the research consisted of sensitive issues such as reproductive problems, I had no complications with conducting my research. According to my past as a church-based worker who had been working in the local community for four years, mutual-trust, respect and acceptance among us had been already rooted. For example, after Sunday morning worship service, I talked to them about my identity as a student from Mahidol University to conduct the research on nau inn problem. Shortly after the speech finished, two women among them said to me,

> *"Wow, you yourself introduce to us as a stranger? We know who you are and why you come here because you already made known your job."*

Nonetheless, as I am a male as well as a pastor doing research about women's reproductive issues, there are a few hindrances which are sexuality and marital issues in data collection. For example, some women were teen ages who seemed shy talking about their uterus problems and sexuality. If they were asked about whether uterus problems were related to sexuality, the questions might negatively affected their virginities. Furthermore, some women were single mothers who suffered from uterus problems for years. If asked about their past life, they were hesitated to speak out their feelings. On the other hand, the view of being a partial insider and

partial outsider was useful. As I was born, grown and worked there, I had more chances of better understanding their local social, cultural, economical and political context as a partial insider. As I was a church-based worker as a partial outsider, I had a bit difficulty and reluctance to talk with their reproductive issues and sexuality. As a result, I might not be able to fully understand about their feelings on their uterus problems and menstrual periods, family issues, and their self care practices, seeking advice and tiredness of walking to the healers.

However, I made sure of confidentiality. In terms of interviews, I carefully listened to the histories of their life experiences so as to get reliable and sufficient information, including their sorrow, anger, bitterness, or happiness. I felt I was not only seen as a researcher, but also as a brother in the community and a pastor who always comforted them whenever they needed help and prayer. For instance, when we were meeting or talking with them, older people kindly touched my hand to show their friendship and love. They called me ka na tei, ka su tei, meaning "our brother, our son." Younger women called me *ka u tei*, meaning "our brother who closely stays with them." I felt that like in the past, I was still trusted and allowed to talk openly and frankly with them about their feelings, experiences and problems from their real life.

Some people call me as our Pastor who visited them and took all kinds of social services like funeral services, wedding ceremony, thanksgiving and others. For instance, when I was there with them, some families had to write the messages to their children living away from them and some got the messages. At that time, most came to me to write and to read the message for them.

> *"We trust you that you can write and translate the message for you well. Moreover, you can keep the secret messages we have so that we come to you," they stated.*

A four year daughter from Tluang's family needed to seek health care service in another division in accordance with the instruction of the government hospital in Hakha. They came and said to me,

> *"We will wait for you until you go back to Thailand because we do not know how to go to the hospital in another place. Moreover, we cannot speak Burmese language so we need your help as you help other people in the village."*

The actions showed how I was trusted. Therefore, I no longer needed to introduce myself as a student to them anymore in detail. In this way, I promoted better rapport and gained back more trust from them.

3.8 Ethical consideration

3.8.1 Privacy

With respect to in-depth interview, the informants were given a choice of the place which was comfortable and convenient for them. During the interviews, no other persons were present. Some interviews were conducted at their verandahs when no one else was there. At the same time, focus group discussions and body mapping were conducted in Phaizawng Baptist Church. Elderly people were visited at their respective houses because some issues about *hnam* the unclean spirits, were very sensitive. They also were privately interviewed to confirm whether the secondary resources and other people's sayings were correct or missing some in their respective houses. Therefore, I got many unwritten oral histories. Not only was the collected data kept secret and private but it used only for the study.

3.8.2 Confidentiality

This study focused on illness experiences, health seeking behavior, choice of treatment and social consequences of uterus problem to the rural women. Consequently, confidentiality was a key issue for ethical concerns. The identification of research participants' identification was kept under guarantee of safety. Their real names were kept or replaced in accordance with their agreement. All the materials relating to the study such as field notes, voice recorder, transcription, and notebook were also kept securely and must not be accessed by anyone else except the researcher. After data analysis and report writing were finished, all the recorded data and field notes were deleted.

3.8.3 Informed consent

Only participants willing to participate in the study were selected. Prior to conducting the interviews, one more informed consent sheet for the informants participating in focus group discussions besides the sheet for in-depth interview informants had been prepared. The written informed consent was asked before the beginning of the interview and discussion. Normally, a verbal consent was used because they said, “We come to you to be interviewed.” In principle, the research, its objectives, purpose of the study, the identity and brief outline of the interview in a way that participants can understand without using technical terms and answer any questions of participants were vividly explained. He/she was also explained that he/she can stop interview at any time or can refuse to answer the questions that they do not want to reply. Permission to use voice recorder was asked but it was not necessary. If participants want to take time to consider or discuss with someone to decide whether or not to participate in the study, they are allowed. For focus group discussions, the same ages of women i.e. 27 to 29 and over 38 to 43 were grouped together. In other words, over 18 year-old women who have had gynecological problems were grouped and interviewed after oral and written consent.

3.8.4 Benefit and reciprocity

The photos taken were presented to thank respondents for their participation in the study. The reason I conducted the research was to be able to understand their real life experiences, suffering, and struggles with hopelessness for the future. Getting the chance to share their inner feelings and life experiences with someone else who listened to them in an empathetic way without judgmental attitude relieves emotional suffering. They said to me,

> *“This is the first time that we have a special chance to speak out all of our feelings due to our health.” They added, “We were treated kind and we feel very happy and comfortable.” Dar said to me, “I only share the feelings to the most trusted persons including you. Now I share all about my past life and the recent feelings. Now I feel relieved.”*

In addition, I helped them as much as I could by sharing knowledge or giving advice for their emotional and physical well. During community and church

activities, the questions both women and men asked me were very interesting. For example, how many days should we avoid having sex before and after childbirth? How big is the uterus? Should the husband suck the breast if it is too much? The answers were very simple. I said to them,

> *"I do not know how to answer some questions exactly. But you can resume having sex about six weeks after the birth. (Big laughing!) Why? Wow, here we cannot wait, too long. Moreover, you can suck your wife's breast and you must allow your husband to do that and please be careful about the situation whether your sons and daughters or other people can see or not. Big laugh again. Men said, 'A mother has to have two babies.'"*

The flowing questions were asked during the meetings after the interviews and data collection. "Could you show us the picture of uterus and the pregnant period along with the fetus?" I showed all pictures they had never seen before. Most people said, "Aw aw, we do not know how important the uterus is for our next generations." *Aw aw* means "Showing wonderful when they see that they have never seen before." I also showed them different types of uterus problems. The other questions were,

> *"Should we use concentrative pills or injections? We would like to use them to prevent pregnancy but we knew that these could harm our health. You could use them but you had better consult health practitioners. Why doesn't the government set up nau inn health care center in the remote areas? You said, "Thai citizens just pay 30 baht to consult government hospital. Why are there and our country totally different? These are difficult to answer because we do not know health policy run by the government. In fact, the citizens should have equal rights and access to our basic needs and rights." They said to me, "We really appreciated you and your task. We are really thankful to you for letting us know about the scope of uterus and your teaching and sharing information made us better understand how to take care of our bodies and the women."*

One night, more than 70 people including me visited a person who prepared to go to work in another country. More than three women confessed,

> *"Now we know better about the location of uterus and our husbands begin to think about our nau inn health after you showed the pictures and taught us. If possible, someday, we want you to separately teach men about family planning and the importance of women's reproductive health. We really like your job. We will be ready to help you if we have a chance. Moreover, please teach us health issues and family relationship in Church at least 15 minutes so that we can know some health information and men can better understand about our problem. I feel very delighted or elated."*

I gained better insight into subjects and issues being studied. This includes increased knowledge about the meaning and symptom of uterus problem, how they understand their problems and their body, treatment and choices and socio-economic factors after the study. After worship service in the Church, we had a short discussion. At that time, some stated,

> *"We are very much interested in social sciences and health rights because we do not know about our issues that are prone to health problems. Moreover, we have no idea whether we abuse other people rights or not because we just talk about our thoughts and feeling. We realize that we need more teachings so that our patriarchal systems will be minimized. Due to your teaching and task, most people better understand how much important reproductive health is. We need more lessons about family planning and the importance of reproductive health and nau inn health."*

Furthermore, it is certain that the study is expected not only to benefit to women, husbands and the traditional healer who are familiar with uterus problems and general people but also to inform the health related organizations to have a deep concern about the rural women who are neglected and isolated. Therefore, their worries will be heard to help address their social, cultural and economic difficulties related to their gynecological problems.

CHAPTER IV
RESEARCH FINDINGS

4.1 Background information of the community

Chin State is composed of nine main towns and 1,030 villages, scattered on hilltops throughout the state, sparsely linked by few roads. The population of Chin State is 500,000: 90% are Christian; 87% are literate; 27% of the children have no access to primary schools; 32% of the population has no access to health care; and 73% live below the poverty line, giving Chin State the highest poverty rate of Burma's 14 states and divisions. Burma's healthcare system was ranked 190th of 191 countries. Some 40% of children under age five in Burma have stunted growth; the mortality rate for children under age five is 71 per 1000 live births, and life expectancy is 64 years. Chin State lacks basic public infrastructure, education, and health systems. Moreover, a recent Physicians for Human Rights study revealed that 92% of households from across Chin State had been subjected to a crime against humanity in the previous year, including: forced labor; religious or ethnic persecution; arbitrary arrest, detention, or imprisonment; abduction or disappearance; torture; rape or sexual violence; murder; or other inhumane acts. Also, in May 2011, Burma was designated as a "country of particular concern" for its severe restrictions on religious freedom (Wilch & Hmung, 2011). Hakha, the capital of Chin State is over 632 miles away from Yangon, the former capital of Myanmar. Normally in the rainy season, vehicular traffic can be disrupted on the road linking Hakha and Mandalay because of landslides triggered by heavy rain.

The word "Chin" refers to the hill people living in the western part of Myanmar. It is difficult to trace back the origin of the original meaning of "Chin" is now obscure." The 1963 Burma Baptist Chronicle, written by Maung Shwe Wa, stated that the word "Chin" means 'wild' or 'uncivilized' (Hlei, 1998). Many other writers have interpreted the meaning of 'Chin' in various other ways. According to Luce, "Chin" is a Myanmar word meaning 'fellow, companion or friend' because, following

the war between the Bagan Burman and the Thet (Sak), the Kadu, the Mon, the Shan and the Palawng. This meaning arose because there was no war between the Bagan Burman and Chin. As a result, the Burman people considered Chin people to be friends. In addition, Lehman states that Chin were allies and comrades (Hlei, 1998).

4.1.1 Township characteristics: ecological setting, population characteristics, contact with outside world

The agricultural land use patterns of this township are classified as le land, garden, and shifting cultivation or hillside cultivation. Shifting cultivation (taungya) is the major cultivation pattern in this township that the local people rely on. This method involves shifting from one plot to another every one to three years. During the dry seasons, the forests are cleared and burned. Its production depends heavily upon climatic condition and relief features. The production per acre is normally low, and is insufficient for local needs. Therefore, many crops, especially rice, are imported from other areas. Some plains are described as being suited for the type of cultivation (Hliang, Hope, & Liana, 2009), with Bawi Nu River as their main river flowing into this area.

The township: The township can be divided into two portions, the mountainous ranges (1) and (2) the plains. The mountainous area can be found in the middle and western regions of the township. The western region is the most mountainous part of the township. The highest peak is Mt. Bawi Pa at 8,873 feet high. Zun Saabo tlang is the second highest point at 8,340 feet. The mountains to east of Bawinu River are above 7500 feet. Other peaks found along this range include Ar Chaung tlang (at 8,000 feet), Nu Ciak pumh tlang (7,694 feet), and Rung tlang (7,543 feet). Most of the plains are found along the Bawinu River and its tributaries. The plains, dissected by the streams, are all narrow and suitable for agriculture. There are the few plain areas in the eastern region of the township. Hakha Township is situated within fifty miles of the drainage area of the Bawinu River. There are many small streams entering the Bawinu River which cannot be used for navigation. Dongva Stream, prominent in Hakha Township is about 15 miles long and is useful for agriculture and a mini-hydroelectric power plant (Hliang et al., 2009).

Figure 4.1 Scene of Mt. Bawipa

4.1.2 Ecological setting of the village

The village has land that grows a variety of crops. To the east of the village the land is decorated by paddy fields that can be clearly seen from Surkhua village. Taungya is the second major cultivation method that provides food for the local people. At present, there are approximately 230 acres for taungya production. In order to shift taungya, forest trees are cut down by the end of October and burnt during the dry season. This shifting cultivation method is the oldest traditional method for survival.

There are two important rivers: Bawinu and Lotiva. Bawinu river is the main source of seafood and in the summer it is also the best place for the young people to build relationships between the three villages; namely, Surkhua, Phaipha and Phaizawng. Lotiva is the most helpful for village development because it can be used for agriculture and powers a mini-hydroelectric plant that beautifies the village and makes it famous around Hakha Township.

The western portion of the township is the most mountainous part, with Mt. Bawipa the highest peak at 8,873 feet and encompasses Phaizawng and Lungrang. It has been said that the part of Mt. Bawipa, located in the Phaizawng area, is a female and the part that lies in the Lungrang area is a male. At the time of this writing, there is good news of a concerning the bridge supported by the government to be constructed on Bawinu River between Surkhua and Phaizawng village. It is hoped that as soon as the bridge is finished, the link between Senthang region in Chin State and

Gangaw in Magwe division, Myanmar and Mizoram state in India will be easier. Mt. Bawipa is filled with thick forests and diverse species that are well-known for their beauty.

4.2 The history of the community

Phaizawng village is one of the oldest villages in the Senthang region, a remote part of the Hakha Township. The Senthang live in different parts of Myanmar, but most live in Chin State, Magwe Division, Sagaing Division and Yangon Division. In general, the Senthang region lies away from the main city, is not situated on the highway, and is poorly connected by local and private transportation. Houses are usually built on hillocks with woods. The first settlers were namely Thian Hlun, Kheng Si, and Hawn Ca. Later, Pu Tin Thei and Pu Lang Ting also came to Phaizawng village. After more generations, Pu Mang Sui (the first creator of Khuagcawi, the greatest festival in Chin culture, which originated at Phaizawng village) also arrived and settled there. whenever they talk about their village among them, the villagers identify themselves as “faithful, honest, workaholic and courageous,”(Committee, 2010) and the interviews.

Figure 4.2 Khuangcawi festival

The following song, sung during “Rawlsawmtuk”, which means a festival of harvesting grain, signifies how inhabitants really arrived at Phaizawng village (Hlei, 1998), Senthang region by tracing up the Myittha valley:

“Ka va sei nawh kan, Letsa rawn, a lang lai hu maw, Lungrawn mawh,”

(“Whether the place called Kan, the plain of Letsa in which we come from can be seen

from our currently dwelling place.")." (We come from Kan, in the plain of Letsa, and we look back on it from our current dwelling place)

4.2.1 Geographical characteristics of the village

Phaizawng village is bounded by Bawinu River and Surkhua village in the east, Mt. Bawipa (8873 ft), the highest peak in the northern part of Chin State in the west, Phaipha (A) village in the north and Lungrang village in the south. The area of Phaizawng is about 20 square miles. Its shape resembles a circle. It is a mountainous area. In general, the elevation ranges between 3500 to 9000 feet. Phaizawng was also known as Lungtinpi, located in the central part of Chin State and is the oldest village in the Senthang region of Hakha Township. Although the village is located in a hilly area, there are a few plains so that paddy fields are the main sources of food with taungya as the second major type of cultivation method.

There are a lot of forests that are suitable for cultivation. Bawinu River is the main river flowing into the region, flowing as the boundary between Surkhua and Phaizawng as well. There are two streams called Lotiva and Zosang tiva. Zosang tiva serves as the boundary between Phaipha (A) and Phaizawng. From these three important rivers, the local people can eat delicious and highly nutritious fish as opposed, compared to salt-the fish from the salty water in the plains area. The Lotiva irrigation canal is immensely helpful for paddy field irrigation and in powering the mini-hydroelectric plant that has changed the life of the people. Electrical power allows them to clean their houses like their urban counterparts in the cities.

There are two main roads in the village. One is useable for small motor cars, especially in the winter and summer seasons. Another road, which crosses between two houses, is only used for the people and domestic animals. In the village, almost all roads are winding in nature because houses are not built in straight line, as is done in the cities or along motorways. In their house campuses, the villagers grow a variety of vegetables, including banana, tea, and mango, etc. Some families with daughters grow many types of beautiful flowers as well. In addition, there are toilets, a tent for pigs, and storage space for a tent to store firewood. Under the kitchen, there are mortars placed to pound maize, (song) foxtail millet, and sometimes rice

(whenever there are problems with the rice mill). There is also a place for the poultry farm as well. The village is located on the side of a hill.

Figure 4.3 Some houses in the village

4.2.2 Location: distance from town, (government and private) health services, other village(s)

The village is more than 60 miles away from the government hospital in Hakha, the capital of Chin State. It is a two-day journey by foot and a one-day journey by car during winter and summer seasons, at best. In the rainy season, one might take four to five days by a car to make the trip. No bus travels, it may only take them a day. There are no buses operating between Hakha and Surkhua, let alone the research field. Jeeps provide access to Surkhua village. I heard that an abnormal baby delivery occurred in Hausen village near the research field; the villagers carried the woman and her baby with a shoulder-yoke and stretcher to Hakha. However, before reaching the government hospital, the woman and her baby passed away.

Phaizawng village is 10 miles away from Surkhua by motorway, four miles from Lungrang by a foot and seven miles by a foot road from Phaiphai (A). Whenever anyone becomes sick, if they are unable to walk to the nearby villages, the sick are carried with shoulder-yoke to another village named Lungrang village in which a traditional healer lives. However, all the roads are crooked and bumpy, and as a result of awkward transportation and communication, many people have lost their

precious lives unnecessarily. On the other hand, the nearest health center is Surkhua Health Center consisting of 16 beds and it provides services for almost all Senthang villages. Unfortunately, the people around there no longer trust it due to the inaccessibility of facilities and medical doctors.

4.2.3 Climate

The village is located on a high altitude. Although it is in a tropical area, it also experiences cool climate conditions due to its high elevation. December, January and February have the lowest temperature. April is the hottest month. The rainy season runs from May to the end of September. Rainfall significantly decreases in October and the lowest precipitation has been found in December. The heavy rains that can potentially destroy the paddy fields are received during the period between July and September. Within three years, two families' paddy fields were badly flooded and the rice field was covered with mud from tremendous landslides. The highest rainfall is received in August. If severe storms occur across the village, especially in April and July, it badly impacts the crops.

4.2.4 Geographical characteristics of the village and housing, pattern of residence

During the early period of settlement, creating housing, since the region is mountainous, it was difficult to build a house on account of the terrain. The villagers need to consider many elements, such as water, sun, wind and location. They normally build their houses on the sloping hillside. (Committee, 2010; Hlei, 1998). The size and design varies from village to village according to the status of the house's owner. The basic structure, however, was the same. The houses generally have two entrances, the main entrance '*innka*' and the back entrance '*carhlet*'.

Figure 4.4 A traditional house

At *'innleng'*, the skulls of animals hunted by the family are displayed, while the skulls of domestic animals killed by the family for feasts are shown on the dividing wall or *'vanpang'* between the two rooms. These skulls show the dignity of the owner of the house.

Figure 4.5 The skulls of animals on a house and new structure of house

Materials used to construct a house are typically conifer or pine and galvanized iron sheet for covering the roof, along with glass for windows. There are no homeless people among the villagers. If someone cannot afford to build a house, the local community must provide assistance to give them a helping hand and build a house for him. All family members stay together. Some older couples told me that they were afraid to have sex at night due to the noise it makes at night. Nowadays, most families have solved that kind of problem due to the new structure of the houses.

4.2.5 Land and land use, water resource

Shifting cultivation is still being practiced. Its cultivation is the most primitive and oldest form of cultivation in the village. The forests are cut down and burned during the dry season. Paddy field cultivations are found along rivers and streams and where irrigation can be done. The main crop is rice. With respect to water resources, water is only available from mountains with very clean water sources. The water pipes were donated by the Roman Catholic Church in order to transport drinking water to the village. As a result, the village has drinking water 24 hours a day.

4.2.6 Communication and transportation

Chin State, an isolated, mountainous region in Western Myanmar, has overall poor health and no basic infrastructure. The networks of roads that connect the nine major townships are few, and they are also unpaved and difficult to travel in the rainy season. Moreover, it is a designated as restricted zone. As far as I know, there is no special humanitarian assistance in the research field. Chin State is composed of nine main towns and 1,030 villages, scattered on hilltops throughout the state, with few roads linking them. As mentioned previously, transport is mainly on foot. The lack of infrastructure and poor communication has hindered development and makes day-to-day life difficult. At the same time, travel to Chin State is restricted for outsiders, contributing to the isolation of local communities. Most of the population is farmers practicing rotational cultivation (WLC, 2007).

Figure 4.6 A car way and a bridge between city and research field

There is no facility or modern technology for communication, such as email and Internet. Moreover, internet, or television broadcasting is inaccessible although a few people buy videos. A mini-hydroelectric plant was started by self-help

support in 1993 and then via a larger donation to the village by the Australian Embassy in 1998. It opens every night from 6pm to 10pm for local needs. It also allows the local people to work at night. As communication is inaccessible in this area, Radio is the only way that men who understand Burmese can receive updated information, and then only for those who can understand the Burmese language. Women, however, never listen to this type of media because they do not understand the language. Moreover, they have no time.

As mentioned previously, it is a socially and economically marginal area which lies about 60 miles away from the main city, Hakha, the capital of Chin State. Most of the local people who must travel go to the city must go there by foot during the rainy season due to poor transportation. Before and after the rainy season, Jeeps are the only vehicle that can reach the research field by crossing the Bawinu River between Surkha. In order to come to the city, the travelers had to spend two whole days being exposed to the elements while under sunshine and heavy rain, carrying their own bags on foot without taking any break besides a rest except for lunch, and their bodies become covered in sweat.

Figure 4.7 Carrying the baskets and collecting firewood

4.2.7 Demographic data

According to the official document from the local council of Phaizawng, on 20 August 2012, the total population of Phaizawng was 599 people. There are 105 homes composed of 297 males and 302 females. The religion of the village is Christianity. 100 percent of the villagers are Christians. There are four denominations: the largest, the Phaizawng Baptist Church, was established in 1932, the Jehovah's Witness Church was established in 1970, the Roman Catholic Church, in 1994, and the

Church of Jesus Christ, later known as Believer's Church, in 1999. Almost all the Christians are Baptists. The village birth rate is around 10 children per year. Most young people are fleeing to other countries due to the junta government; the young people flee to seek refuge, look for employment, and find a better life in general.

4.2.8 Population distribution

Currently, the population of the village is dwindling. There are two explanations for this trend. First, a lot of people who are able to flee from the country are doing so due to political conflict and unemployment in order to look for a better life. The young people understand that, unless they leave, they cannot work and survive with a life in Myanmar like their parents had in the past. Even though some people want to stay in the village, political conflict with military forces them to flee. If they did not search for a way out of the village, they would become victims of porters (carrying the luggage of the soldiers by force) whether they are willing or not. Second, new generations no longer want to have as many babies as possible, like their parents. In the past, an average family ranged from eight to 12 members. At present, some wives have access to information are knowledgeable about the situation, can consult health workers about the use of contraceptive pills and injections to prevent pregnancy with their husbands' support. As a result, the population of the village is declining.

4.2.9 Education, and migration

A private primary school is established in 1945. The primary source of education is provided by the government primary school, established in 1956 and post-primary school, established in 2006 are the primary sources of education (Committee, 2010).

Figure 4.8 Standing in front of headmaster and school activity

A significant achievement from the primary school came in the matriculation of 1973 when the first Bachelor of Arts student in 1973graduated and in 1983 when the first Master of Science student graduated. Both were men. It is true that women often receive less education than men here. In addition, only a few students have been able to pass the matriculation examination so as to become government workers and continue with their college education. Due to lack of transportation and poverty, a lot of students who passed primary school could not afford to continue their middle school education in another village or in Hakha. Though their parents could afford to pay the fees, they are too young to live on their own. In terms of gender, in the past boys, more than girls, were encouraged and supported by each family to go to school due to cultural beliefs that consider boys as being better than girls. Sadly, the education system of the community is of poor quality and few students pass the exam. Most women, compared to the men, are uneducated and a low education standard causes young people to lack interest in seeking higher education. As a result, the people cannot read and speak the Burmese language.

Families migrating to other countries, particularly in India and Malaysia, are driven away by unemployment and political conflict, which creates poverty and instability in their home community. Nowadays, many young people and couples are fleeing to other nations to work and to apply for refugee status because some have experienced the suffering and pain of war. Some women have been raped, tortured, used as porters for the army and as human mine detectors in the frontline (Pa, 2002). A small percentage of people move to other places because they serve the government and are transferred to other places in that capacity.

Immigration into the village also occurs. Recently, a family from another village called Hausen village came to live in Phaizawng. Normally, a family that

immigrates into the village informs the village leaders upon arrival. Shortly after that, the leaders lead all the villagers in collecting things to donate to the new family. These are given by the local leaders, having been authorized by the people. If there is no available house, a new family stays with one of the community leaders before. Then the local village arranges for them to stay in their own house, managed by the village.

4.3 Social Structure

4.3.1 The village community: everyday life of villagers

The women who cook breakfast normally get up at 5am to prepare the foods. Before leaving for the farms, they feed the domesticated animals such as chickens and pigs. They sweep and polish the floors of their homes. Some women sing as they pound the maize for the upcoming meals. After completing their household tasks, they leave for the field to work, carrying their baskets full of lunch to the field. During the rainy season only children who are not in school, the sick and older people unable to work in the field are left to take care of the village. Others, including men, head to the rice mill. There, beside the Baptist Church, you can hear the noisy *'Tuk, Tuk, Tuk'* sound made by the mill.

Hunting is popular and common, particularly during the harvesting and growing periods. Some people have to herd their animals so as to not destroy the farms. From Monday to Friday, school children, wearing their school uniform of white shirts and blue longyi (inappropriate to the cold weather in Chin State) happily and carefully walk to school through the dust with second hand umbrellas of different colors under the rain. The women, regardless of age, have to spend their time at both inside and outside jobs. The men, however, can play cards and go wherever they want. As they are farmers, they mostly have to work in the fields, together with their domestic animals, from sunrise to sunset without any rest except on Sunday. In the research area, alcohol consumption is also a problem in the community.

Figure 4.9 Playing cards for young men and taking care of the babies

4.3.2 Relationship with outside world

The community with no modern technology, such as internet, email and mobile phone and with a lack of infrastructure and transportation seems like a bird with broken wings in a cage. The few people who visit the cities are the only source of information for people living in the village. As mentioned before, a number of young people are fleeing to other nations, particularly to India and Malaysia and others are going to and staying in some developed nations with refugee status. In the past, in order to make contact with their sons and daughters, parents and relatives would have to go to the city on foot where telephones are available. If there is no car running to the city, it takes them two days to arrive there. Most educated people say that the world is shrinking and looks like a small village because they can get any information happening around the world within minutes.

However, in the research area, the world is too big as it may take more than two days to be able to get access to the information they need to have. For example, parents left in the research field are longing for the young people who have fled to other nations out of fear. As a result of that, some people cry whenever they talk about their sons and daughters who have left them. One evening I was invited to give thanks to the Lord who blesses their sons and daughter with good health and some money which had been sent to their parents. I stood up and asked them how they wanted me to pray to God for them, but they were unable to express what they wanted because they longed so much for their beloved sons and daughters. A mother of over 60 years said, “I miss them very much so I always look at their pictures left here. Sometimes, I dream about them at night. I think I hear their voices when I look around their beds. Therefore, I pray for them to meet us again before I die.” It seems apparent

that when the political situation changes, the relationship with the outside world will be much easier. Nowadays, the remote dwellers might as well be blind and dumb considering how difficult it is for them to make contact with the outside world.

4.3.3 Power, conflict, and political structure within the community, township, other states

There were at least two kinds of political systems in Chin society. There were *Khua-bawi and Ram-uk* systems. *Khua-bawi* means 'the ruler of the village'. The *Ram-uk* system was a political system where the hierarchical tribal chief ruled either the whole tribe, part of the tribe or at least more than two villages or the entire community. This kind of political system can be called tribal feudalism. In principle, the *Ramuk Bawi-pa* must rule at least two villages, but he usually ruled the entire Tribe. In Chin society, the basic unit in the village was the household. Since the chief was the 'lord of the soil', he not only owned lands but also the forests, the woods, the rivers and all living beings residing in his territory. And the chief had full powers of control over his villagers, 'he can punish them by fines, and in the last resort, if a villager refuses to obey the chief's order, the chief can refuse to allow the offender to cultivate his land any longer, and can evict the offender from the village (Sakhong, 2003).

As to history and politics in Chin State, in 1824, Burma was colonized by the British who still remained in power until Burma's independence in 1948. The 1886 Chin Hills Regulation Act stated that the British would govern the Chins separately from the rest of Burma, which allowed for traditional Chin chiefs to remain in power while Britain was still allotted power via indirect rule. Burma's independence from Britain in 1948 coincided with the Chin people adopting a democratic government rather than continuing its traditional rule of chiefs. Chin National Day is celebrated on February 20, the day that marks the transition from traditional to democratic rule in Chin State (Scarlis, 2010).

At present, within the community, the local leaders called 'council' are elected by the local people one time per year and they are given power to take control of the community and to run all kinds of activities in order to develop the community. The council consists of five members. Among them, one is the chairperson, who offers

hospitality to all guests coming to the village sent by the office based in Hakha. As elections are held every year, leaders who are faithful to their jobs in the eyes of the people are able to continue their position. All kinds of information, in terms of the government, are first given to the council, who then decides how to handle it. In the village, shifting cultivation is practiced. Every year, the council leads the search for the place for cultivation. If necessary, all villagers who are over 18 years old are invited to discuss particular issues so as to make a good decision. While inviting the people to attend the meeting, if some people are absent, action can still be taken by the council in accordance with the rules and regulations.

There are at least two weak points, in the opinion of this research, with the council. First, when they want to do something, they can use their power to take control of the people because in former days they were used to being influenced by the mentality of a dictatorship. Honestly, with respect to formal education, the leaders and members of the council, are poorly educated. However, they tried to build a better society as possible as they could in accordance with their own worldviews on the community and the people providing their thinking, ideas, and dreams for the community are more questionable than those of more educated and experienced people. A few leaders ignore the views of a large number of people. Second, women can never become a member of the council in the research area. All leaders chosen by the people are men, even if they have lower education, due to the patriarchal system. Women who speak their opinions in the meetings are considered immoral and bad women. People in the bondage of the patriarchal system in general believe that women should be kept quiet on any issues in public.

Another issue is the relationship between the local village and the government. There are serious restrictions as to what trainings, sports and religious celebrations can be held in the community. They are required to gain approval from the authority in Hakha. Without their approval, restrictions are put into practice for the Chins so that they are unable to hold their religious celebrations.

4.3.4 Junior-senior relationship

Culturally, younger people pay respect to older people in public no matter who they are in society. In the public institutions, such as churches and schools, the

leaders and teachers always teach the younger generation to have respect for their elders and to bow their heads when walking by them. This shows proper respect to their elders. If there is a dinner program for any reason, the older people are served first and offered a better meal. Also, at any meeting or celebration, older people are given the best seats. As to social position, higher-ranking people are respected and given better services in public than ordinary people. Ordinary people have respect for government workers and highly paid workers.

4.3.5 Kinship, kinship obligation and pattern of residence

A patrilineal system based on relationship to the father or descent through the male line is practiced in this society. Parents and grandparents are the teachers of all human skills for those living within their home because the family is the main source of social and religious education for the children. From the age of five, boys begin to learn the skills of cultivation, basket and mat weaving, and fishing. Girls begin to do household work such as taking care of babies, bringing water, collecting fire wood, and other such tasks.

On the death of a father the eldest son manages the family until his younger brother comes to a marriageable age. If the father dies before the eldest son has fully grown up, the mother would look after the household, but all of the important affairs will be managed by a man who is the nearest relative to the father. Practically speaking, the sons and daughters are responsible for any unpaid debts that their parents have even after their death. Before they die, any unmarried sons or daughters are responsible for paying them. In theory, sons take on all household responsibilities when their parents get old and after they die. At meal time the father or the head of a family normally gives instructions to the other members of the family, what they should and should not do, etc. Meal time, therefore, is an important occasion for the family (Hlei, 1998). All food, including meat, is boiled due to the cold weather. In the family neither the husband or wife ever call their spouse by his or her full name They usually call each other by nick-names or the first son or daughter’s name (e.g. Za Hram’s first daughter is named Mah Hnem. The father is called Mah Hnem Pa and the mother is called Mah Hnem Nu).

A family is composed of parents, unmarried sons and grandparents, if they are still alive. As soon as a daughter gets married, she will stay in her husbands' home. On the other hand, if a son gets married, his wife will come and stay in his parent's home, according to the research field culture. Sooner or later, all married sons except for the youngest son (who has the right to inherit his father's house and the responsibility to take care of his parents and unmarried), have to build new houses, with the help and support of their parents and relatives. It is called *'Inn cang tum,'* meaning 'building a new family in their own house.'

4.3.6 Type of family structure, decision-maker in the family

The family is the smallest institution but it occupies an important and prominent place in history. The family in general consists of five to six members, such as the parents and their children. Some families consist of ten to twelve persons. Moreover, grandmothers, grandfathers, and other relatives may also live together. The father is the head of the family and has sole power over the family. He manages the economic and social interactions of the family and leads the family in important work, such as cultivation, business and other tasks. The main duty of the father is to clear the virgin jungle, not only for their family profession, but also for the inheritance of future generations. Another important duty, as the head of a family, is to acquire the required cultivating tools required to produce food for his family. There are over 100 households (total population over 500) in the field site with an average household size of six people.

Second in importance in the family is the mother, who is able to express her ideas within the family. The father can consult the mother, who can give her advice, ideas or opinion in important cases. This varies within each family. As the parents are responsible for bringing up their children to maturity, the children are responsible, in turn, for their parents until they die, showing the very close relationship within the family. There are virtually no personal belongings in the family except for clothes.

I met and talked with some families concerning decision-makers in each family. Here is a local proverb, *'Canu bi ngawi um meh, sapi ki khong um meh,'* meaning 'the words of women were never listened to as the horns of female mythuns

(which are domesticated animals in the research field) were never played.' As a whole, wives are unable to become decision-makers in either the family or in public. For example, if a family raises a pig and puts it up for sale, if the father is not present, it cannot be sold. However if the mother is not present the father can sell it without the agreement of his wife. The wife does manage the micro-economics of the family. But all the decisions in terms of selling and buying something needed for the family are in the hands of the father. Women are considered property that men can purchase. In addition, women are considered the 'outer covering of the tree or the peel,' *(thingkahawng)*. A family controlled by a wife is a gun without a cartridge or shell, meaning 'unable to kill.' A number of families interviewed in the research field highly prefer having sons rather than daughters. They said, "Sons are our heads, our bodies, our next generation keepers, and our inheritors." On the other hand, "Daughters are for others, they will become the wives of other sons, and they will no longer stay with us."

Furthermore, as to inheritance, daughters and wives who have no children have no right to inherit their father's properties such as land, house, animals and so on. One who inherits the deceased properties has an obligation to pay the debts left by him too. In the research field it is a customary law that the youngest son is the one who inherits the father's properties. Land and guns are the inheritance of the oldest son. The middle son has no right to inherit anything, unless his other brothers have died. Daughters are not permitted to inherit anything. Sometimes, inheritance can produce problems. Here is a proverb, '*Rau hah ba hah*,' meaning 'inheritance is a contagious crisis like bad words that cause harm in society.' Disabled children have no right to any inheritance.

Between a husband and a wife, after a child is born, either a son or a daughter, the wife addresses her husband as the father of the child. A husband also addresses her as the mother of the child. A mother or a wife manages all of the household's affairs, cares for their children and takes care of all other duties while her husband is away from home. The whole management of the household tasks, such as cooking, sewing, gathering wood, drawing water, sweeping the floor, cleaning the houses inside and outside, washing the dishes and clothes, feeding the chicken, are all responsibilities of the wife. On the subject of sexuality, women are not allowed to talk about it because the subject is considered taboo for women. While sleeping with their

husbands, women bodies are like dead bodies. Women are expected to respect their husbands because they are men.

4.3.7 Marriage and divorce

There is a proverb, *'nupi hui kha, sumtuk kha,'* meaning 'A good wife is difficult to find as a life partner,' similarly, 'A mortar used for pounding meal is extremely difficult to find but a good thing to be created.' Another proverb is *'na mawh hui khah, na rau hui,'* meaning 'Don't marry a divorced woman, but rather a woman whose husband has passed away.' Consequently, in the research field, no divorced woman can be married.

It is important to remember that Chin society practices patriarchal and hierarchical systems. Marriage is a very important event in life between a man and a woman. There are four kinds of marriage practiced in the community. In interviews it was reported that first, *'Kai,'* means "seeking a suitable wife for a son by his parents" (Hlei, 1998). In this system, "A man's parents first seek a suitable woman who must be a daughter of *'pu,'* an uncle, in order to keep a good relationship." If a woman cannot be found out, the parents may look for another daughter of a close relative or friend. Second, *'tlunhnawh'* means 'forcible marriage by the husband's side.' A man is forced by his parents to get married to a woman whether he loves her or not. Third, *'Dawi or fir or zam,'* means "living together without both parents' consensus." For example, a man and a woman love each other very much and decide to have a family, however, both parents or the man's parents or woman's parents, may disagree with them on their decision. As a result, they flee to be able to live together somewhere else or the woman goes to the man's house. Fourth, *'Muikhum'* means "an accidental case of pregnancy resulting from a close relationship between them." In this situation a man may marry the woman.

Another aspect of marriage (Sakhong, 2003) asserts that a wife can either help her husband to be more respectable or bring him down to a low and degraded position. Therefore, parents look carefully for the spouses of their sons. Nobles are especially careful to look for women of noble birth or equivalent for their sons. If a man is able to marry a woman of a higher class, it is a great honor for him and his family. But if he marries a maiden from a lower class, then the other young men of his

class will look down on him. In most situations, daughters of the mother's brothers are given priority to be taken as brides. They avoid marriage to the daughters born of the father's sister. But it becomes legal to do the forbidden marriage system if the daughters are the third generation. Polygamy is rare today and there was no polyandry in the society. Before Christianity came to Chin State, a chief or a wealthy man could take many wives and concubines if he could support them. It is an obligation for the younger or elder brother to marry the widow of their deceased brother. The reason for doing this is that the family does not want the children of the deceased to suffer poverty or cruel servant hood under other people. Likewise, a widower should find another wife from the sisters of his dead wife. On the other hand, a wife is extremely important for the relationship with other relatives. Here is a saying, "*Nupi tha nih rual zapum, nupi chia nih rual za then,*" meaning "a good wife makes all relatives love each other and a bad wife brings division and creates problems among them."

In a legal marriage, there are some general rules. It is not necessary for the dowry to be paid in full at the time of marriage. From interviews (Committee, 2010; Hlei, 1998) it was reported that the bride price among the Chin people is a symbol of concern and love rather than that the 'man' (price) is selling his daughter to her husband. Only the ancestral price *(phun thawh)* must be paid in full. In fact, the marriage price of a woman from a noble clan (e.g. in Thian Hlun clan and Karbawi clan in the research field) was five times higher than that for an ordinary woman. This barrier in most cases prevents the leveling of social class. On the day of the marriage ceremony, many kinds of animals such as pig, cow, ox, mythun and even chicken are killed by both families, and all the villagers are invited to participate in the ceremony. The next evening, about 7:00pm, after the marriage ceremony has been performed, the bride is escorted to her husband's house with the companions, especially their relatives, maw, neighbors and friends, those who are called nuzuar, all usually led by the bride's aunt.

There are two kinds of divorce. Divorce initiated by the husband is called *mak* and that initiated by the woman is called *kir.* A woman may be divorced by her husband if he is not satisfied with her work, for incompatibility of temper, if she is barren and for other lesser reason, as well as the greater reason of adultery. He has only to say, "I divorce you" after which she would return to her brother or father's

house or that of her nearest male relative. If the husband wishes to take his wife back, and she is agreeable, he would be liable to pay compensation. In this case, mak the marriage prices would not be returned. A wife for any reason can return to her father. She can divorce her husband. It is called *'kir'* to her relatives. However, parents, uncle, brother and other relatives might remonstrate with her. If she refuses to change her mind, the entire marriage price would be returned to her husband. On the other hand, if the husband separates from the wife without factual proof of misbehavior, the divorce is illegal and the wife does not need to refund the dowry or price.

A wife, when she has had extra-marital sex, is considered the one who abandons or divorces her husband. In this kind of defilement, the wife has to refund the dowry plus compensation fees. The amount of compensation fees are calculated in accordance with the custom of the husband's clan. The dowry system makes the couple unable to divorce easily and it also contributes to the firmness of the relationship. If a wife separates from her husband due to his unfaithfulness and lives with her relatives for any reason, it is called *'khuatlik'*, and the husband can call on her again. In this case, the girl's parents may demand that the price called, *'hmaitam'* be returned. They can also demand to kill pig or myturn which would be shared and eaten. This is known as *'sathi luanh'* (pouring the blood). After '*sathi luanh'* has been performed, the wife has to return to her husband once again. *'Sathi luanh'* shows forgiveness of the husband's guilt, and the restoration of peace between a husband and a wife and the two families. In short, men may divorce their wives at any time for any reason in Chin culture (Pa, 2002).

4.3.8 Women's roles and status in the family and community/public domain

We have a proverb concerning a wife that is "*Nupi cumh phung darkhuang cumh phung.*" It means "a wife and a gong are to be beaten." Gender inequality is deeply embedded in the patrilineal and patriarchal culture that values men more than women. This contributes to their low socio-economic position and makes them vulnerable to physical abuse or violence from their husbands, which in turn impacts on their health status. Boys are considered more valuable than girls and they are given higher priorities because boys are considered to keep future generations. A woman in

the family without a son is compared to “a woman without any children (or) a woman who is infertile or barren.” The wife who has no son is viewed very poorly. Most women are burdened with excessive workloads including farming, cooking, washing, and feeding children. Gathering and carrying firewood in baskets a long distance from the house is also the woman’s responsibilities. These demands leave women no time to rest or to think about their health.

Some women do not rest during their menstrual cycles. In the past, a pregnant woman and menstrual woman were not allowed to participate in public because it was believed that they were dirty and could bring bad luck. For example, there is *‘ngatafuan,’* which means ‘catching the fish while laying their eggs every October.’ At that time, it is believed that if a menstrual woman and a pregnant woman whose baby may be stillborn come to the river, the spring that flows from the forest into the Bawinu river, called *‘bua,’* will become polluted so that no fish will come out and lay their eggs in *bua*. As a result of this conception, these women were strictly prohibited from participate with others. Another example concerns having sex during menstruation (blood). This had the negative result of punishment and could cause separation between a husband and his wife. At any particular time, a wife had to tell her husband about her condition. If she failed to tell him about her menstrual cycles and they slept together, a husband had to divorce her. If he did not divorce her, it was believed that the husband would die soon. In addition, a menstrual woman was not to touch a husband’s things such as gun, clothes and tools. As the local people are hunters, men still now avoid touching women’s longyi if they aim to go hunting. The men believe it can affect their own luck and they will be incapable of killing animals. Women are also not allowed to pluck any kind of vegetables or to take hen’s eggs from *(uacawng),* meaning ‘the place put for hens.’

Furthermore, a woman who has no hair around her vagina is strictly forbidden to get married and is considered as ‘masim,’ meaning ‘a person who can kill a husband.’ The life span of a husband who marries such a woman will be short. Also, a new wife must not cut her hair equal to her neckline. It is a cultural belief that if she has a haircut as soon as she gets married, her husband will die soon because she cuts her husband. Due to a lot of cultural rules and regulations, women become silent and subordinate to their husbands. A positive belief on menstruation and women is that

when men fought their enemies, in the past, they put women's clothes around the guns to enable them to kill the enemies easily. It was believed that women's clothes on their guns were more powerful for fighting enemies than men clothes.

In terms of work, it is very common for women to work in the rice fields with their legs soaked in the water and backs bent for long hours transplanting rice during their menstrual cycles due to their fear of their husbands' parents and their busy lives. Gender injustice is an imbalance of power between men and women. More and more women are working outside of the home; however the jobs they can find and how much they earn are affected by gender. Currently, women are paid 2,000 kyat per day and men earn 3,000 per day. Women rarely become community leaders or participate in discussing their dowry, either before or during the wedding ceremony, or work as mediators or negotiators. In Myanmar, there are very few women in the civil police force or the armed forces. Women cannot work as sailors, either in the Navy or the merchant marines. Women in Burma are not allowed to work in aviation, mining, petroleum development or logging.

In the research field, a wife is supposed to respect her husband and take care of his needs and clothes. In addition, women are considered as helpers for their husbands. As a result of their obedience, beating and quarreling between husband and wife are rare in the research field. If a man beats his wife, she will run away to her relatives. A quarrel between husband and wife in public is regarded as shameful and distasteful, therefore if there is a disagreement, they have their dispute and quarrel secretly. A proverb between a husband and a wife is *"Napi na vu bi inn pop ne a va zuik,"* meaning "the words between a husband and a wife flow into a broken hole on the floor." These discussions cannot cause problems or conflicts in the public arena. Consequently, some women who have a higher education are not allowed to continue any further in their studies after they get married, if they reside in the rural areas in Chin State, let alone in the research field. A wife going outside without her husband is considered to have improper manners and misbehave.

4.4 Economic structure

4.4.1 Type of occupation

Almost all villagers are farmers or peasants spending their time working in the farms and paddy fields near the village. However, some villagers may have other occupations like government office workers, private health practitioners, and teachers along with being farmers. They grow subsistence or cash crop. They practice shifting cultivation, hoeing the gardens and plowing the paddy fields in line with the weather. Harvests from the farms and paddy fields are their main sources for life.

Figure 4.10 Carrying the harvest with yokes and clearing up the grass

4.4.2 Economic level and sources of income

Economic level is extremely low according to interviews in the village. Income comes from the villagers' farms, rice fields, and domestic animals such as pigs and chickens sold in the cities. A main source of income is sons and daughters who are residing in other nations. They send money to their respective families, 30 percent of which needs to buy imported rice. I feel strongly that the economic level in the village is disastrous and catastrophic. The poverty rate is extremely high. Consequently, great poverty affects the villagers' ability to come in contact with health workers in the city, which is far and difficult to reach.

4.4.3 Market place

There is no market place in the village. Aside from the cities, there is generally no market place throughout the year in Chin State. Vegetables such as mustard leaves, cauliflower, beans, and so on are grown in the villagers' home gardens or house campuses and fish are caught in the streams and river. As a whole, in line

with the local people's reports, the income of each person per year is estimated to be USD 30. The exchange rate is USD 1 equal to 860 kyats.

4.4.4 Everyday economic life of both women and men

Rice is a fundamental staple and maize or 'song' is the second major food item. A few women who are good at weaving make sweaters and traditional dresses such as shirts, coat, *longyi*, and long pants. A few old men make a variety of things out of bamboo and cane. The villagers' economic dream for daily life is "to go and work in the fields every day." They only draw on their field and its products for food. As a social worker that works closely with all the villagers, I visit each family every day and night and ask them about what they did that day and will do the next day. Their constant response is: *"Lau sei lawng tei a sa kau ee,"* which means 'Always going to the fields in the morning and coming back home in the evening.' They add that this is their life and their food. During the growing period, they raise and herd the animals in a particular place in the forest so as to protect the rice fields and the farms. After harvesting, they no longer keep these rice fields and farms. Most people lack any political and economic perspective due to a lack of education.

Figure 4.11 Pounding the crops is considered women's task

4.5 Villagers' religious belief system and world view

Religion is one of the most important factors in village culture. In the villagers' daily lives, it is commonly believed that reading the Bible is the source of life and the greatest instrument for differentiating between good and bad choices. There are three different groups of people regarding how the villagers see their

relationship with the world. The first group believes that they are saved out of the world, so they only focus on heavenly issues. They believe that this world is not their world; therefore they do not need to take care of their society and their physical bodies. The second group believes that they are saved in the world, and the third group believes that they are called to save the world.

In Chin State, almost everyone professes to be a Christian while in the plain area known as the Burmese area, most people are Buddhist. Therefore, it can be concluded that the Chin people think that a perfect life is obedient to God's word. Likewise, the Burmese people who believe in Buddha think that a perfect life is doing good things in order to become good persons. One hundred percent of the local population believes in God who is infinitely perfect and that God is the source of life and the life-giver. They add, "We believe in the one eternal God, creator and Lord of the world, Father, Son and Holy Spirit, who governs all things according to the purpose of his will." Moreover, the meaning of being a good Christian is to totally believe in God, to obey the instruction of the Bible, and to have mercy and love upon everybody as God loves us. Love is the greatest. Love is patient, and kind. Love does not boast as well.

4.5.1 View/belief on social inequality

A number of people in Chin State who live particularly in the remote areas think that people are not created equal. This belief arises from the fact that Chin society is composed of different social classes, such as the noble class; chief, priest, nobility, ordinary class; ordinary, ritually clean, believed to be possessors of unclean spirits, the evil eye or witchcraft, and slaves; household slaves, slaves who lived in their own houses but worked for their master (Sakhong, 2003). This cultural background influences these people's view of human beings as intrinsically unequal. On the subject of rich and poor, there are at least two perspectives. The first viewpoint is that the disparity between the rich and the poor is due to the rich having land so as to possess a resource for wealth while the poor is without land and therefore cannot accrue wealth. The second viewpoint is that the poor are poor due to laziness and the rich works a great deal to gain their wealth.

4.6 Health care system

Disease begins with personal awareness of an abnormal change in his/her body feeling and it represents personal discomfort. The disease or illness they presented is mainly based on cultural beliefs. As a whole, according to their belief, there are four types of disease etiology, namely (1) the evil *rianrang* from environmental circumstances, (2) the wicked or unclean spirits *hnam* from unclean people, (3) gods *khuazing* from community forests, and (4) foul foods in the house.

First, they believe that the evil from the environmental circumstances causes them to get colds because of the penetration of the environment into their skins and their body. The environmental factors are rain, cold wind, and water that affect them to get a cold. Sudden changes in their physical body and their surroundings directly affect their health. Whenever they get a cold, there is no special treatment for it. The only attempt they make to treat a cold is to wear warm clothes and to stay near the oven. In addition, they believe that the evil from the environment also causes the young children to get sick if they go out into the forests without adults. The children's bodies immediately change and they feel unable to speak. Therefore, *buasi*, known as camphor ball or mothball, is used to drive out the evil from the sick child. Additionally, *zen,* called gunpowder, is used because it has the capacity to destroy the evil that attacks the children. Sometimes, sticks are played and shown on the way to make the evil afraid of the people while walking into the forests.

The wicked or unclean spirits *hnam* from unclean people were believed to be very powerful in attacking and killing the persons whom they loved, hated or were jealous of their possessions. In other words, the unclean people or the wicked who were *hnam* could cause illness and death to others. The concept of the wicked is still popular in the local illness problems. For instance, when a person was ill and the illness was believed to have been caused by a person possessed by the evil spirit or *hnam*, then the family of the sick person usually made an offering to the *hnam*. The patient would also offer something to the person whom he/she believed had caused his sickness, to please his evil spirit. A person who got sick owing to the wicked was treated with *"awinak'* (called the powder of turmeric). It reduces the power of the wicked.

God's *khuazing* from community forests were believed to make the people who displeased the forests or who destroyed their control areas, get sick. This disease concept is slowly disappearing nowadays. They used to believe that the gods were living in the trees, rocks and the farms. If a person pointed at a big stone or tree with his fingers, he could get sick due to the anger and the power of the gods. As a result, they avoided pointing at a big tree, stone and waterfall by their fingers. Another example was that if the land controlled by the gods was cultivated, the gods could make them get sick because of destroying their lands. In order to treat the patient, '*kutting ro,*' had to be performed (a sacrificing of animals) by a woman called Kia Cem Nu, who has now passed away.

Finally, eating foul foods in the house leads to diarrheal diseases which were never treated in the past and therefore killed most people. There was no electricity to keep the foods safe from worms. In the past, the diseases such as tuberculosis, HIV, skin diseases, diarrheal diseases, dengue, uterus problems and others were never differentiated and classified. The names of the classifications are modern medical terminologies. It can be concluded that etiology is an unfamiliar concept for Chin people.

With respect to types of health care facilities and health leaders, a hospital is situated in the city, which is over 60 miles away. The cost of hospitalization, the availability of health practitioners and the incompetent skills and facilities in terms of uterus problems are the major concern for the villagers. A rural health care center is located nearby the research site, 4 miles on foot and 10 miles away by motor bike. Only limited nurses and a temporary medical doctor stay at the facility. Moreover, the facilities must be seriously taken into account. A midwife appointed by the government and a traditional healer are outside village which is only 4 miles away on foot. Their cost is affordable and they are close to the field.

In the research field, there are traditional midwives who help other women during delivery if asked, but they are untrained. They have learned through their experiences. Some types of drugs, like antibiotics and glucose, are sold in small and limited groceries. Some parents reported that some people have lost their lives due to mistreatment and lack of health knowledge by caregivers. As for children, they are always brought to government health workers, called midwives and nurses, who have

been sent to the community in accordance with the time table. Most of the time, the villagers carry their children under five years old on their shoulders to the nearest Health Care Center for vaccinations.

There are two types of traditional healers who can be consulted inside and outside the research field. The traditional healers in the village are known as traditional midwives who help child delivery with their rich experiences without learning how to handle it from health practitioners. However, only when they are invited to ask for help, they come and help them. Likewise, the women who have uterus problem go to consult them if they do not have time to consult quickly the healer in another place and their uterus problem is not severe. In general, the local traditional midwives are afraid to tell the women who have a nau inn problem to buy biomedicines or antibiotics to treat their problem. The women lie down on the beds arranged by traditional midwives who touch and check them as usual.

For a few women, after they realize that they have a uterus problem and they feel not better, they directly go to see a traditional healer whom they trust. In general, almost all women go directly to consult a traditional healer who combines with his healing hands and skills along with biomedicines. Whenever they consult him, the prescription and treatment of uterus problems totally depends on the types of its problem. His hands are used to make sure where and how it happens to the women. Soon after the injections are needed to use when the day that they consult the healer, he can right away inject them in his clinic under the house because he has a small grocery in which the patients can also buy but not compulsory. In their own village, there are some small groceries in which the medicines prescribed can be bought. If there are no more medicines they need, they order the persons who go to the city to buy them for them so that they have to wait at least four to five days until the medicines of the pain killers reach them.

All the injectionists in the field site are untrained but they know the way of tackling injections. There are more than 30 people who know how to do and use injections. However, the women can change the injectionists depending on the injectionists' availabilities of time. For example, today, a woman is injected by a person. If the man goes hunting and comes late, the woman can go to consult another person who can inject her. Normally, the treatment of injection takes one time per day.

Religious workers also play an important role in the community. Whenever they get sick and serious, the patients need prayer to God whom they believe and trust in Him who gives them spiritual strength. As a result, if they have plan to go and see medical doctors, before going to see medical doctors in the city, religious workers are invited to pray for them. In other words, religious workers have to visit them to give moral support and pray for them.

4.6.1 Local health problems

There are various types of health problems existing in the village. The most common health problems for all are malaria and malnutrition. Among adult men and women, stomachache, hypertension, loss of energy and headaches are common. Reproductive health problems are also deeply rooted among women regardless of age. Some women reported that they had stillbirths and miscarriages due to the hard work and uterus inn problems. Some women take conceptive pills and use injections that badly impact their health, making some barren. A few women have had operations on the uterus. After their uterus is operated on, they feel disabled because they can no longer participate in the community activities. In the rainy season, typhoid and liver diarrheal- dysentery, cold, and sores are the main diseases. Also accidents, wounds, and injuries can happen to farmers and young people who go hunting and herding their animals. A few people suffer from appendicitis, tuberculosis, HIV, goiter, anal abscess, conjunctivitis, and rheumatism.

4.6.2 Water supply and sanitation

With respect to water supply, the community has a source of clean water. Before 1930, the water was taken from the wells and carried with pots on their heads. On 13 February 2002, during the time of Pu Chum Ling, the Chairman of Council of Phaizawng village, plastic water pipes were donated by the Roman Catholic Church in order to transport the drinking water from the source to the village (Committee, 2010). With the help of the Roman Catholic Church, drinking water has become available 24 hours a day. As for sanitation, the local committee has asked the council and religious organizations to give awareness training about public health as often as they can. They are to obey the local committee or action will be taken. However, it is questionable

whether the people asked to provide awareness of the importance of sanitation are knowledgeable enough about the subject.

Almost all families build chicken-runs under their kitchens or on the same floor as the kitchen. These chickens normally walk into the kitchen during the rainy season. Fortunately, no dogs or goats are allowed to breed in the village owing to sanitation. Any kind of plastic is forbidden from being thrown out carelessly in the village as well. As to bathing, there is no bathroom in the house; however, the bathrooms are located near the water pipes. Almost all younger and older people living in remote areas during the cold seasons do not take baths if they do not go out and if they do not work hard in a dirty place. Due to cold climate they just take a bath two times per week. It has long been a belief that sanitation is not linked to general health or reproductive health. It is said, “Normal people almost never take a bath or get sick.”

4.6.3 Women’s negative views on government’s gynecological health care system

There were three different types of women who view government health care services particularly on a gynecological problem around the remote areas. The first group that almost never thought has no idea on this hotly datable issue. The second group supposes that all of the leaders in the government office are the Burmese people who can run policies and activities. No Burmese women have uterus problems which are more prone to the rural dwellers. As a result, the government does not have a good gynecological health care service.

The final group has a strong criticism on the central government. The reason why the government does not build a good uterus health care system in the remote areas is due to a secret political purpose. They point out the lack of information and communication technologies that can help them receive updated news, exchange our ideas and communicate each other. For that group, it is obvious that the reason the government does not take care of them living in the rural and ethnic minority areas is to oppress and block them not to have healthy babies who are completely different from the cities in which the policy makers and leaders live.

4.7 Women's background information

Here is the table of the informants of in-depth interview information.

Table 4.1 Characteristics of informants in in-depth interviews

Name	Age	Marital status	Education	Duration
Nu Da	32	M	Primary	Years
Nu Su	40	M	Middle	Years
Nu Zung	45	M	Middle	Years
Nu Ngu	17	S	Primary	2 months
Nu Sa	15	S	Primary	2 months
Nu Ba	24	S	High school	2 months
Nu Ni	45	Single mother	Middle	Years
Nu Si	45	Single mother	Middle	Years

There are four denominations, namely Baptist, Believers Church of Jesus Christ, Roman Catholic and Jehovah Witness. Three of Nu Ni, Nu Da and Nu Zung are Believers Church of Jesus Christ, Nu Sa is a Roman Catholic and the rest are Baptists. Worship service period especially on Sunday is the most appropriate and best time to dress their new and tidy clothes. Hence, their tidy and new clothes were dressed only on Sunday and particular days such as wedding ceremony and special public occasions."

4.8 Women's experiences of uterus problem

4.8.1 Local terminology for uterus and its definition

The term 'uterus' is locally called, "*Nau inn,*" which literary means "A baby's home," or "the home in which the fetus lives." *Nau* is designated as a baby and 'inn' is 'a home.' It is strongly believed that *nau inn* must be healthy to produce new healthy generations to create a better and peaceful society. *Nau inn* is a symbol of the bed used for a sleep. For example, if the bed is shaky and noisy while sleeping, it will make us unable to sleep very soundly. Likewise, the fetus could not sleep and grow up if a mother has a uterus problem during pregnancy. Additionally, as a uterus is a

baby's home in which a fetus lives, it has long belief that the home must be clean, tidy and safe. In the village, some houses are not safe while the storm comes. Furthermore, the houses have no windows to go out the charcoal smoke that makes them unable to see each other, particularly during cooking. Nu Su recalled,

> *"I still remember when the storm hits our house. At that time, my parents and brothers are so much afraid of it so that we go down to the first floor of our house which is extremely shaky like the earthquake. We cannot sleep the whole night. Likewise, on condition that our womb is not healthy, the fetus cannot sleep well as well."*

Other problems can hinder the development of the fetus too. It is obvious that its definition shows the importance of the uterus in the local concept. It was interesting that local people were asked to draw and discuss the location of the uterus, and they thought that the uterus was located at the left side of the above the vagina hanging on to an appendage controlled by a lot of nerves to tie like ropes. Other drawings indicated that some women thought the uterus might be flat or circle like a plate used for meals locally called *(pumkalung pha ka lung mawh)*. The uterus seems a pot made of mud. It is easy to break and repair. We repair it and break down again. The uterus looks like a broken pot because a healer repairs but if we work, the uterus problem reoccurs all the time. As a result, the healing or treatment process is too long.

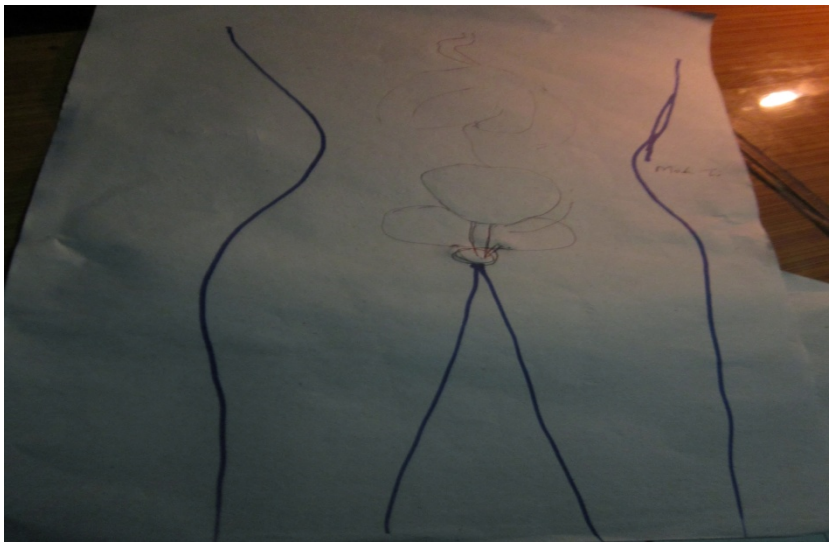

Figure 4.12 Body mapping of the local understanding

The local name for vagina is also important to describe in brief. There are six different common types of local name for vagina, namely *tapaw, taphe, tahniar, tadik, suu* and *soo*. All local names for it represent vagina. The most common usages were "*taphawh, taphe, suu* and *soo*." Among women, *taphawh and taphe* are

interchangeable for talking about the vagina. Speaking about these common two words *tapawh and taphe* is acceptable in verbal communication. However, when people get angry at someone, the word *suu* is intentionally used. For example, suppose that a woman named Nu Lo gossips about a man named Pa Thiam or a woman named Nu. When Pa Thiam or Nu Khing discover that Nu Lo gossiped about them they will say about Nu Lo *"A suu pi khaw, a suu hmui hui nawh,* meaning "her face seems vagina, her big vagina is." On the other hand, when their parents cheer their lovely daughters, their daughters are sometimes called *"ka tahniar le ka tadik tei hi,"* meaning "the daughters are ours, from our vagina."

In public area, both women and men use the word *soo,* which is the most polite word to deliver the symbol of vagina. For instance, women say that their *soo* is very important." Another example is that according to our tradition on wedding ceremony day, a bridegroom must pay the bride price for a bride to her parents. If a bridge price is higher than other bride prices, they said, "Her *soo* is expensive" (*a soo men a ru kau).* For men, the penny locally called *zaang and tabong* that do not have any particular and unique names in the local concept is commonly used in any circumstances. *Zaang* can be used both in showing anger and friendship. For example, once they have a conflict or fight between them, they say, *"a zaang lu,* literary meaning, "the head of the penny." On the other hand, if a man does a good thing and hunts and kills a big wild animal like a bear, *azanglu* is also used to show and recognize his uniquely skillful and powerful quality.

4.8.2 Classification of local gynecological names for uterus problem

Interviews and Focus Group discussions revealed different types and terms for a *'Nau inn"* problem used in this particular area: *nau inn atu, nau inn apaleng, nau inn aphing, nau inn ta khom sung ne a ten, nau inn abau or nau inn athai, nau inn ahmu or hnawi apui, nau inn ne zinchi a eik, nau inn ahawng, nau inn ne ci apui, nau inn ne hnamhli atang.* The variety of the terms shows that a uterus problem is common among women spending their lives in the farms and the houses.

The brief explanations of each name based on local women's understandings are defined as follows:

1. *Nau inn atu*: which means ‘the prolapsed uterus’ makes one side of their abdomen painful and uncomfortable. If a uterus is prolapsed in the right side, it affects their right leg numb and a woman has difficulty working and walking like an unhealthy woman. To extent, with respect to a prolapsed uterus to the right side, the right side of the thigh is dull and the sole of foot is in pain. Overall, this condition makes women uncomfortable.

2. *Nau inn apaleng*: meaning ‘deviation or slope of the uterus’ causes them to lose their appetite and to become thinner and thinner. For pregnant women, the position of the fetus changes so that the fetus cannot stay in the right position that is the cause of a serious problem and leads to difficult childbirth.

3. *Nau inn aphing*: that denotes ‘inflammation or the swell of uterus’ causes intense pain while having sex. In general, women also find difficulty standing up. The uterus becomes larger with time. If not treated, the uterus will explode. As another point of view, the pain will move up to the stomach, the lung and the liver so it will make them incapable of breathing. Injections must be given for treatment.

4. *Nau inn ta khom sung ne a ten*: this term conveys a uterus that is embedded or moved in lower position, usually downward vertically, to cause backache, pain, and numbness around the anus.

5. *Nau inn abau or nau inn athai*: showing there is ‘a spot or a mark on uterus,’ that can be larger if left untreated. If the spot or mark grows large enough, it will be necessary to remove the uterus in surgery.

6. *Nau inn ahmu or hnawi apui*: representing that uterus has mucus or pus or wound that causes white discharge. It can be stated that genital white discharge is a result of mucus or wound in a uterus.

7. *Nau inn ne zinchi a eik*: meaning, ‘the uterus pushes gall bladder.’ It causes the women to urinate all the time. If sitting without moving, the duration of urination is longer because the uterus does not force the gall bladder to stop urinating.

8. *Nau inn ahawng*: that signifies an ‘open of uterus’ that leads to frequent and irregular menstruation. It is as if a door exists between the uterus and the pathway of the menstruation. When a uterus has a problem, the door is broken. As a result, the blood flows out irregularly.

9. *Nau inn ne ci apui*: that means ‘water is in uterus’ makes women vaginal discharge, too. Sometimes, it hinders pregnancy. For the sake of the water in a uterus, the fluid comes out unexpectedly from vagina.

10. *Nau inn ne hnamhli atang*: This means ‘retaining placenta in uterus’ blocks next pregnancy. Shortly after the baby was born, placenta should be flown out too. But it could retain for some mothers. Consequently, they suffer from the placenta that inhibits next pregnancy and at the same time, produces very much abdomen pain.

11. *Nau inn apen*: means that uterus is too thin. It normally happens to the women who have sex many times when they are too young. When the penises are inserted into it, the penises enlarge it, and then, their uterus become very flat or thin *(pen tawih*).

4.9 Symptoms of uterus problem

> *“The onset of my uterus problem is backache and after a few days, I have white discharge. I think that every woman has white discharge that is normal. The color of white discharge changes to hnamh a bit darker in comparison to white discharge. However, it does not become better and I have difficult to urinate and pain during menstruation. It means that my vagina seems pain during urination different from a normal status. And then, the lower part of abdomen appears to be numbed. The fingers and the thighs are numbed as well and almost paralyzed. I cannot sleep. Sometimes, pain of abdomen seems to be burst like a bomb, which makes my heart throb lungsok. Whenever more pain, my whole body is warm, hot, and ached. I am loss of energy, loss of appetites and my heart beat looks like duk duk duk. My tears fall down like a rain or a stream whenever I am looking at my children on bed at night,” A peasant Nu Da said.*

4.9.1 Fatigue, headache and backache

The majority of the women reported that fatigue, headache and backache occurred with menstruation, white discharge and irregular urination. Together with fatigue, almost all women also reported body pains and worries. Headache and backache are often directly linked to uterus problems. It is certain that headache and dizziness lead women to fall down or lie down accidentally. During that time, they tried to close down their eyes like the blind. Nu Ni said, “Unless we pretend like the blind, we are easy to vomit and to get wound on account of kicking the stones on the

way," A peasant Nu Da taking care of a son and a daughter in the remote area without a husband hopelessly said,

> *"The symptoms I have are pain during urination and menstruation, white discharge that produces bad smell and itching, headache and backache. Especially, headache is embedded in my daily life."*

4.9.2 Numbness of thighs and shoulder

Shortly after backache, headache and white discharge, the symptoms move around the body, particularly to the thighs and the shoulder through the nerves. If numbness is not treated or massaged on time, the aches move quickly around into every part of the body. It is harmful and difficult to sit and sleep. Nu Zung complained, "Being women is unlucky because our body looks like ache and numb during pain." Its numbness of thighs also makes them difficult to walk, work, lift, carry and go. Their bodies feel very heavy. Nu Su stated, "My lower part of thighs seem numb."

In particular, while carrying firewood and the harvest on the crooked paths, the legs seem tied with the ropes unconfident and uncomfortable to go down and up. Whenever they feel very much pain on the hands' and the legs' fingers, they require their friends or mothers to do massage. However, massage cannot cure the underlying uterus problem. The fingers and nails' pain especially occurs at night while resting, and this makes it impossible to sleep well. The pain can startle women whenever they move around. Similarly, numbness of the shoulder hinders them from using their hands in working and cooking. Nu Mah who has this problem stated that,

> *"I am a mother who has to do all kinds of tasks, especially when my husband is a way from the family to earn money. My daughters are too young to help me cook. On the one hand, I want them to more focus on their class lessons rather than to work household tasks. Owing to my shoulder's numbness, the pot with boiling water is fallen down while carrying and lifting up it. I do not know whether the pot is being touched, held or not."*

The fingers of the hands and the toes are dull. As a result of the numbness of the fingers, sometimes, they do not know how to catch the things they want to take although they can speak well. However, the people who never have this uterus problem cannot understand their health condition. Rather, other people gossip the women who are suffering from uterus problems. Their sufferings make them unable to

work but they are considered lazy. Additionally, their body feels pain and dull while showering with cool water. They feel like touching the ice or snow by hands for a long time. Nu Ni said, “When someone touches my body, I do not know whether I am being touched or not.”

4.9.3 Loss of energy and appetite

Almost all symptoms are interrelated. Uterus problems result in loss of energy or weakness when women no longer wish to eat the food due to their sufferings. The energy of their body becomes weaker and weaker day by day. It is convinced that the longer women do not eat the food, the weaker their bodies feel. Nu Doi said,

> *“I am a farmer and a care taker of all of my children. Sad to say, my husband has died of stomach cancer. As my children are young, the nutritious foods we have are prioritized to offer and feed my children. Soon after I have a nau inn problem, I feel that I have no vitamin in my body. I try to eat the food but I feel loss of appetite. Later, due to loss of energy, my ears seem dumb. Sometimes, I cannot hear the voices clearly of the people singing the gospel songs and delivering the message in the Church as well as in the meeting.”*

4.9.4 Itching

The fluid of the uterus flows out from vagina that is called *padding rawng* white discharge. It produces itching and pain around vagina. The white fluid like a fluid from a fig tree and a banyan tree comes out. It is too much itching to make them afraid to sit along with friends because other people who do not know about their feelings say that she is *a tapaw a coh rau*, meaning “she plays her vagina.” This phrase is very shameful. It can represent that she seems a harlot. Therefore, itching makes women separate from the community. Nu Ni recalled the suffering of a woman who has been working in another country after her husband divorced her because of her itching vagina. She told me about a woman who tried to make itching reduce by using her hands but it changed to reddish color and pain around her vagina.

4.9.5 Pain during urination and sexual intercourse

They all are *zungsem* which means pain during urination. Sometimes, they are afraid to urinate because of the pain. Sometimes, they avoid drinking water, and

eating juicy fruits such as cucumbers but it does not control urination. Nu Zung said, “I want to remove my uterus due to bad pain. The more I drink water and I eat juicy fruits, the more I suffer.” Moreover, married and single mothers reported that they felt burning and pain around the vagina during urination and sexual relationship. Can your husbands tolerate or understand your pain? Of course, we let them know about our problem and they carefully handle us not to feel pain. But Nu Ti said, “When my husband is drunk, he does not care about the pain.” The women around her were laughing *ha, ha, ha*.

4.9.6 Frequent urination

It is believed that when the uterus pushes or moves the gall bladder, women urinate all the time. Certainly, uterus problems make them urinate frequently no matter where they are located. Some people joke that their vagina has become loose, or that they should no longer marry because they might not be able to have children. It also hinders to sit and participate in the meeting together with friends because they have to go outside whenever necessary to urinate. As a result, they avoid the public arena as well.

4.9.7 Pain around anus

It is considered a more serious and severe symptom of the uterus problem that leads them to have pain around anus or buttocks. They cannot sit more than 10 minutes in the same chair or position without moving their body. Whenever they participate in a meeting and visit their friends, they first look for the place where they can sit nearby the walls. Nu Si stated,

> *“I am a mother of a tenth standard female student, staying in Supper Boarding School in Hakha, I am a single mother. I am 45 years old. I got married to a man who was unknown where he stayed after divorce. My life is now full of suffering. Even whenever I go to toilet, my anus seems to flow and come out. Moreover, I feel very pain.”*

4.9.8 Heavy blooding during menstruation

They have heavy bleeding due to the open of uterus which can lead to death quickly if not treated as soon as possible. The uterus problem can change their menstrual period that makes them have irregular menstruation. Furthermore, heavy

bleeding causes lose of their energy again. Nu Si said, “I am very worried about my irregular menstruation which makes me lose my energy and stay away from the society because the smell of the blood itself is bad. It is easy to stain on the chair wherever I sit.” In the village, no women use pads to prevent menstrual blood from flowing outside. They have lack of knowledge and ability to purchase such products. Furthermore, it seems wasted of money buying to use the pads.

4.9.9 Headache and vomiting

A uterus problem is directly linked to headache that can be also accompanied with, fever. Headache produces vomiting and dizziness. Whenever they eat and they walk, they are more prone to vomit and lose the appetite of the food. Almost all types of symptoms are interwoven and correlated to affect each other. The symptoms of the uterus problems make them feel and cause loss of energy and strength.

4.9.10 Infertility

Infertility is viewed as a curse. Infertile women are seen lower statuses than ordinary women. Few women are infertile according to the reports. However, they do not know why they were barren. It is a common perception that women who are infertile are cursed or have secretly done something wrong. It has been long belief that women must have children if they get married. Therefore, barren women have been looked down upon. However, they realized that a *nau inn* problem can block the women to become pregnant. Ni Ha said,

> *“I am looking at my husband’ parents though I prefer to take a rest. In spite of the fact that I had a son, I could not have any children with my second husband after I divorced from my first husband. I absolutely believe that a uterus problem makes me infertile now. If not treated, it can become infertile.”*

4.9.11 Mood swing and disabled disfigured body

Uterus problems make women’s feelings unstable and easy to become angry at others. Unbearable pains move around the anus, back, head and body. In other words, after they had uterus problems, they were more likely and easy to get angry at other people and to lose their thought process. Sometimes, they utter that the

symptoms of its problem are pain on back and top of the head, dullness of fingers and legs, loss of energy, numbness of thighs and other discharges. Therefore, they think, one day, the pain will move around the body and it will be burnt out like a bomb and they will die. The pain makes them angry. Nu Su sadly uttered,

> *"The legs feel very hot and the pain is moving into the fingers that make me distress and unable to sit well and to sleep at night soundly. The longer I cannot sleep, the loser my energy I have. Furthermore, I am very much easy to get angry and do not want to hear bad words."*

4.9.12 Abnormal color, odor and amount of discharge

The symptoms accompanied with white discharge easily change to different colors like red within three days, which causes a bad odor. A large number of women reported that white discharge was easy to wash though stained on the underwear and the clothes in comparison to menstrual blood. On the subject of the color of discharge, local women always referred to rice water, the banyan and fig trees for genital white discharge and for reddish color, *vangpathing* a tree in the village that has the fluid was represented. In other words, they claimed that white discharge seems the fluid out of banyan trees, the fluid out of fig trees and rice water and red discharge or placenta discharge. It is also believed that white discharge leads to burning, itching and pain around vagina.

After the color of genital discharge changed to reddish from white, it increased pain while urinating and menstruating. They added that the front part of their abdomen was about to explode and burn out. Their belly or abdomen above vagina is about to explode like a bomb and burn like fire. In reality, the abnormal discharge is attached with multiple symptoms. Nu Zung shared with me her symptoms as follows:

> ***"****The onset of the symptom is white discharge like rice water, backache, dizziness and loss of appetite after taking contraceptive pills. The discharge becomes itching. The chair in which I sit is wet. My pain around the anus is about to flow my seed. After that, I cannot sit along time, work hard, and the lower part of back known as takhawm buttock is very heavy like hanging a heavy stone lungtawik thawi. Others are abdomen ache, backache, lower part pain. Later, white discharge changes to a fluid of a tree locally called vang pa thing reddish. At that time, the vagina becomes red due to make itching better by the right hand. I believe that aphing is as a result of wound or sore in uterus and it produces discharge which looks like a kind of bean water phiangci. The prolapsed affects headache. Moreover, inflammation aphing causes a cold, malaria, headache,*

backache, suffering long time so I cannot walk. When my uterus is down, it makes me unable to sleep and I want to urinate all the time. If it cannot be recovered, I will look like Lung Ku Nu and Dum Ki who died of long suffering from its problem. The smell of the discharge is very bad like the spoiled meat thrown sathu. Lots of discharges are stained on the clothes and around vagina that is very much itching. The smell makes me stay away from others because as you know, some people say, "rim ham, a thu dih, a ei a nam, meaning "her vagina's smell is too odor." Sometimes, the, urine seems saruh sa ri, meat. Additionally, menstruation pain makes me very much worried. My life is most time full of sick, sadness, anger, and worry and troublesome. In other words, lungretheih worries are embedded in my life. The other pains are labuk at center of head pain, and body pain. I seem drunkard because my brain is dizzy labuk ri ka lung."

4.9.13 Symptoms, causes and treatment of nau inn by a traditional healer

Symptoms were white discharge, or discharge with different colors, wound or sore on knees and pain on the back, loss of energy, headache, and backache. Women report that the best way to prevent or reduce uterus problems is to see a traditional healer named *Pa Ming*. After meeting with the Pa Ming, women were advised how to take care of the problems and what kinds of tablets and injections to take. Sometimes, if the uterus is prolapsed, the women themselves place legs up on the wall and their bellies are pushed and pulled to place the uterus in a normal position. Women never knew that uterus problem could be treated in hospital without being operated on or washed. But for a few women, they are advised and told by a traditional healer to go to hospital to wash the uterus.

Nu Zu from focus group discussions was told to go to hospital to wash it after she met a traditional healer.

"I am advised by a healer to go to hospital to wash my uterus and I go there to do that. Now I become normal but I could not have a baby because this is a question on it whether it will be related to the problem or the kinship. One of my husband's fathers has no children," Nu Zu said.
"A healer told me to go and wash my uterus because of my uterus problem and I do that. I have no problem. I can have children after it is washed," another woman Nu Sam said differently.

For some women, they were really afraid to do that because they saw other friends inside and outside who were washed and operated on. Normally, they seem

abnormal or disabled because they could not go along with their friends on a distant walk after being operated on. Nu Su stated,

> *"I have met and talked with a woman who washes her uterus in the hospital and now she cannot get recovered from that. She does not have hope anymore. Therefore, we should avoid washing it in hospital because I think our real problem is not known. If washing uterus can help heal our problem, it might be better but I do not think.*"

In terms of medication from women, in general a swollen uterus is treated by *chymo* and *procaine* or *genta* treated and some are kimo tablets orally taken. But *kimo* tablets are being dismissed nowadays. The prolapsed uterus can be healed by the hands to pull up to the normal place and procaine is injected at least 5 days for some who have been suffering for months. The deviation of the uterus can be restored by the healing hands along with taking a rest for several days depending on each individual case and severity. The suggestion is to wash their vagina regularly and to avoid hard work for a year. If the uterus moves and pushes gall bladder, a traditional healer can manage it. It can happen to them especially in childbirth.

A traditional healer Pa Ming said on the subject of treatment,

> ***"****Since my young age, I treat wounds, legs, bone, hands and wrist problems among my classmates when they have problems during and after the games. In order to restore their problems to be normal, the problems are treated by my hands. In the past, some women who had been long suffered from uterus were treated by my hands along with ginger mixed with palm sugar and a colorless alcohol zureu and they become well. Among women treated, let me recall about the wonderful treatment on a Siatla woman who has been long suffered from the uterus problem cannot go and sit. She only lies on her own bed and she is being taken care of by her family and they give and do for her everything she needs. Soon after three days I treat her uterus problem, she can go and walk. As a result, within a few days she can go back to her home which is a two day trip from here."*

4.10 Causation of a nau inn etiological problem and its treatment

According to the local people who know about the condition of the community, nutritional status directly related to poverty is a significant problem. At present, some pregnant women have some knowledge about how to take proper care of themselves including the type of food they should eat because they seek advice from the traditional healer and midwives or nurses. Nonetheless, most husbands do not have

a particular plan for their children and do not consider the health of their wife during pregnancy. Some pregnant women are afraid of telling their husbands about their preferred foods to eat as a result of the constraint upon women, lack of knowledge about family planning, maternal and child health. Some women were asked why you did not tell your husbands about what your fetus wanted to eat. Nu Tial declared, “If we tell them about the food, particularly meat not available in the village, the husbands and his family or parents may think of us to be a meat-lover without making money.” However, the sources of nutritional food come from vegetables and fish they eat whenever they go to the rivers.

It seems obvious that gynecological problems are common to women but are also difficult to treat. Women never complained about the healer though they could not recover from its problem. In other words, nobody accuses the healer of the failure of the treatment. In fact, the women failed to follow his instructions and prescriptions due to their lower status and workload. On the other hand, unless they recover from their illnesses, there is no further hope. It can be said that they are waiting for the time to die from their gynecological sufferings if a gynecology health care service system still remains inadequate. Their lives feel full of socio-psychological sufferings and worries.

There are many misconceptions regarding uterus problem reported by local women. Herein I will address common local causes of uterus problems, though obviously the causes of uterus problems are hugely diverse. Firstly, many women believe that the cause of the uterus problem among old aged people can be attributed to eating the female pigs whose seed was not removed. In the village, pigs and hens are domesticated animals and most families can breed them. Normally, the seed of a female pig is not removed, so as to allow breeding of pigs. Whoever eats the female pig whose seed is not removed is more prone to get the uterus problem. In order to prevent problems associated with such pigs, women avoid eating such kind of the pork. If women get uterus problems because of pig, they are afraid to tell their husbands because they are considered disobedient wives. So as to recover from the uterus illness, *zu* (literally meaning alcohol) and meat are the best medicine, so they sometimes eat meat and drink *zupi*.’

The second cause of uterus problem is the improper care of women after child delivery. In the field site, women themselves take care of the mothers and child birth problems such as blood flowing because of childbirth. In order to give birth to the baby, they use different methods to help the mother. For example, the mother stays upside down. Their legs are elevated on the walls or higher places. Furthermore, most women are shy and ashamed to be taken care of by their relatives when they give birth and have problems. Pa Thang's sister is taken as an example. When she bore a baby, she did not want her husband's relatives to take care of her pain and her wound; without looking after it carefully, she lost her life.

Thirdly, some women have serious uterus problems because they could not drink *zupi* that contains lots of vitamin in their notions. It is believed that that *zupi* manages the uterus to be healthy and normal. It not only supplies the energy needed for the uterus in the body and revitalizes the tissues and nerves better in the body but also prevents the onset of uterus problems. The term *zu* deserves explanation as follows. Before Christianity came to Chin State, *zu* served a very important role in the society. Nowadays, it has become less common in most areas. However, some people who want it drink with their friends in order to fill their energy. *Zu* is usually translated as wine in English that is a beer produced from rice or grain through brewing with yeast. There are in general three kinds of *zu* in Hakha area: *zuhui, zupi and zureu*. Fermented rice made edible by mixing with water is called *zuhui. Zupi* is a beer, produced from fermented but inedible rice or grain, and usually was served through the pipe. *Zureu* is a colorless alcohol, produced from *zupi. Zuhui* has the alcoholic substance and zureu has the highest alcohol content among the three (Hlei, 1998), Nu Sui and Nu Ngun. Alcohol consumption among men is common because different brands of *zu* are imported with low price from the Burmese areas or plain areas. In my opinion, corrupt leaders, through their numbers are few, use alcohol to make the Chins unable to have a good future dream. I absolutely believe that where there is no vision, the people perish. Alcohols inhibit their creative and critical thinking.

Fourth, poverty and malnutrition are interwoven. Women are vulnerable to uterus problems on account of malnutrition which hinders the functions in the body to supply the blood, extremely necessary to work properly for the functions in the uterus.

Fifth, various kinds of jobs that cause gynecological problem are embedded in their daily lives. The jobs include hand-made rice mill *cikri*, meaning "to mill the rice," the use of axes, hoes, the sway of the crops, washing the clothes and the dishes, pounding the crops, carrying heavy things along with the baskets and yokes made of bamboos to home and clearing up of the buddle of the grass in the rice field. Axes are 'to cut the trees for hill-side cultivation and to gather firewood.' Hoes are 'to chop the lands for paddy field and other minor jobs.' *Sacang lung* means, 'to sway the plates in order to pick up the paddy and circle the crops.'

Figure 4.13 Swaying or circling the crops and milling the rice

Sixth, during menstruation, putting underwear on the wet and dirty places can cause uterus problem for the women who wear it. If underwear is put on those places, some types of flies stay on it, and this easily contributes to uterus problems. The underwear must be cleaned and put on the dry place under sunshine. It should have a good smell so that it will prevent the body from the uterus problem. Seventh, the women who have husbands should be taken into consideration whether the sperm of the husbands and wives are matched to each other. If the husband's sperm is not compatible to the uterus, it causes gynecological problem as well.

Eight, a woman who had sexual intercourse is more prone to have a uterus problem if she no longer has sex whenever she wants again. Nine, shortly after they give birth to the babies, the husbands should avoid having sex for at least three months. The problem here is the women do not take a rest from farm work and household tasks even though they have the new born-babies. Tenth, during sexual intercourse, both men and women should be clean. If not, their genital organ after sex

can cause a uterus problem. The penis must be washed and cleaned. Washing vagina and penis before and after having sex is extremely important because the discharge like rice water could lead to uterus problem.

Eleventh, human made-facilities such as condom, pills and intrauterine device (IUD) are also the causes of the uterus problems. Some types of biomedicine in relation to reproductive health are harmful to the uterus, and then, result in uterus problems. The women can get easily uterus problems if human-made facilities like condom, pills and IUD are not fit to their blood and physical system. Using condom not only blocks sexual pleasure but also causes gynecological health problems. IUD is extremely bad. After IUD is inserted, Nu Zung pointed out, “I get uterus problems due to IUD and contraceptive pills. But I do not know the exact names of the pills.” Some reported that most women gave birth to abnormal and disabled babies by reason of IUD which also can lead the women to be infertile.

Twelfth, having sexual intercourse with multiple men can lead to the gynecological problems because men can come from different backgrounds as for sexual behaviors. Thirteenth, dirty penis bring the virus to vagina and enter into the uterus. Some men are dirty while having sex. Also, the women become lazy in order to clean the vagina regularly. They work hard at day time so they could not focus on their sanitation and genital hygienic practice. Therefore, women are prone to the uterus problem. Fourteenth, some women get its problem because it lacks the blood on account of different blood systems. If there is no blood in uterus, uterus begins to become dry. Fifteenth, weaving is also the factor of a uterus problem because they sit at the same position for all day long by using their hands and legs moving. Nu Mah stated, “Weaving affects my uterus problem because I have to sit and use my hands and legs to be able to work well. I sit the whole day to weave dresses and blankets except meal time.”

Sixteenth, marriage includes childbirth, sexual intercourse and pregnancy directly linked with uterus affects its problem. Nu Su said, “Before I get married, I have no *nau inn* health problem. However, after being married, my uterus problem happens till today to me.” Seventeenth, accidental cases like falling down from the tree and slipping down on the ground are also the factors. The road and the hillside in the field site are crooked so that it is easy to slip down, especially in the rainy season.

Nu Sa declared, “I fall down from a cherry tree in front of the church. Moreover, I slip down when I herd the domesticated animals in the farm named *taitawng*.” Nu Ni also added, “The cause of my uterus problem is due to the cart accidence in Kyarinn during my visit to my brother. My blood flows out without ceasing for hours. Until now I cannot recover from the uterus problem.” Eighteenth, games are also the cause of the uterus problem. Nu Sa said, “I like playing football and volleyball in the school. It makes me change something in my body. Soon after that, I feel backache, and then, I am told that my uterus is prolapsed.” Nineteenth, riding car and motor cycle is also the factor of the uterus problems. It shakes the women due to bad transportation. Some women eat soils during pregnancy, but soil/mud does not cause uterus problems.

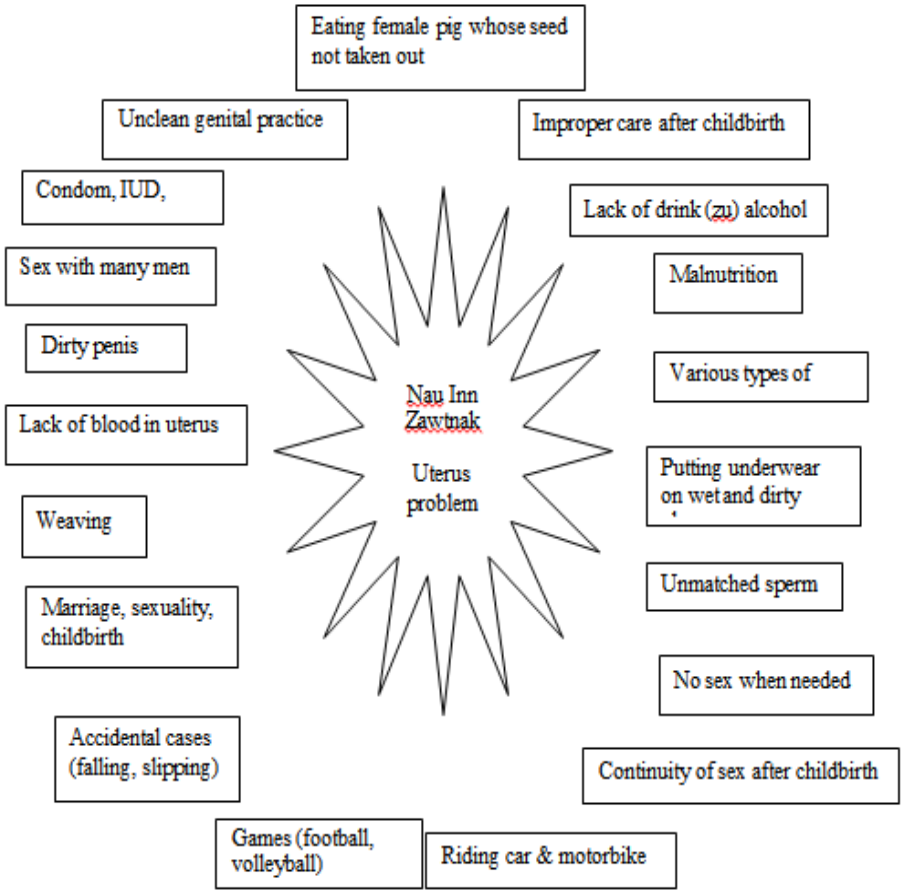

Figure 4.14. Pathway to Nau Inn Zawtnak

4.11 The Impact of nau inn problem if untreated

4.11.1 Chronic disease and long suffering

Women complained that they might not be able to recover from it because the jobs they did everyday were the enemy of the uterus. Moreover, a long life suffering from the gynecological problem is embedded in their life due to the failure of the treatment and the instruction. Nu Su thought that she would look like a woman in the village whose lower part of abdomen became dull. Presently, an older woman is no longer unable to move without help. As another standpoint of view, the faces of the women who were suffering from it seemed dark, angry and thin. Their smiling face was far away from them because of the continuity of pain. In addition, their physical appearance showed they were unhealthy. Due to the long suffering, they were in distress and easily forget things. At the same time, they were easy to anger, and forgiveness was far away from their life. Their memory will decrease according to their reports. They cannot tolerate bad words which increase their pain and gloom. Nu Si said, “My menstrual blood will continuously flow out for months and I will be thinner and thinner. The pain will continuously happen to me.”

4.11.2 An abnormality of the back

Women absolutely believe that their backs will be bent or crooked like a woman who uses two sticks when she walks. Due to the backache and crook, they will no longer be able to sit on the chair. The nerves of the uterus and the back are considered directly related. They always point at the two old women whose backs are crooked in the village due to not seeking treatment. Nu Sa imagined, “If not treated, my backbone will be crooked or bent and I will be abnormal or disabled.”

4.11.3 Paralyzed stroke

The swell of a uterus problem can make the uterus bigger and bigger, and it may burst. The longer they suffer, the more they feel numb around the body, particularly around the thighs, the fingers, the legs and the shoulders. Later, the symptoms will meet each other and they will become paralyzed. It is apparent to say that if not treated, they will get paralytic stroke. They will no longer be able to go and

walk a distant road because they see a woman who becomes unmovable around them. Nu Ni shared with me her story that

> *"If not treated, it can change to paralytic stroke or I will be suffered from paralytic stroke as a healer Pa Ming suggests. If I see him later or irregularly, he asks me why you come late to see me. You should take a rest and work a lighter job if you have to work in the family. I think that Pa Ming looks like God in terms of prediction that I will face if I fail to follow his instruction. In other words, he says that unless I take a rest, I will no longer be able to go and walk a distant road. Nowadays, I will not be able to go to participate in the conference led by Believer's Church every year in different villages. On account of the accident and the failure of treatment, my right side of the leg is longer than the left. Whenever I go up on the road, my body feels extremely difficult or distress and shaky. While talking, I forget what I am telling you. If I have no rest, as he says to me, I cannot go a further way after two years. In line with what his suggestion and prediction, after two years I am no longer able to go and participate in the conference because I cannot follow his instruction. I have no time having a rest here. I think I will get paralyzed stroke if not taking care of it.*

4.11.4 Cervical cancer

Almost no women think about cervical cancer. They do not know about whether a *nau inn* problem can cause cancer or not. Only one woman named Nu Zung who heard about cervical cancer from her friends who closely stayed with health workers in the city said,

> *"I will get cervical cancer. At the same time, I will be depressed and gloomy because I hear that some women in the city have cervical cancer that is the end of our life. I am certain that I will not be able to pay for the treatment of cervical cancer."*

4.11.5 Death

Women are convinced that if not treated, they will suffer uterus problems for a long time and then die. When they are suffering, they are more vulnerable to other illnesses because their body cannot protect other diseases. I feel that some women are suffering and waiting to die if there is no further option to consult. Along with other diseases, they will die of a *nau inn* problem. Nu Zung stated, "After I get a uterus problem, I am more vulnerable to other diseases and my life span will be shorter."

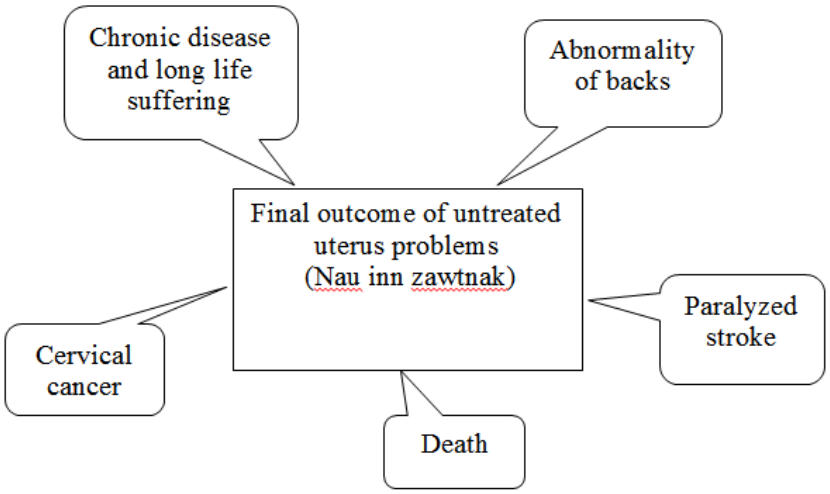

Figure 4.15. Final outcome of untreated uterus problems

4.12 Health seeking pattern

There are three stages of health care seeking pattern among women. In general, old women have suffered from uterus problem longer than the young women. Moreover, multiple types of the uterus problem are also the factor to make them more serious and severe. In the first pattern, they are Nu Su of 40, Nu Zung, Nu Ni, and Nu Si of 45 who have knowledge in treatment because of their long suffering from nau inn problem. In the second pattern, they are Nu Ngu of 17, Nu SA of 15 who suffer from its problem less than the old women. In the third pattern, they are Nu Da of 32, Nu Ba of 24 who maintain self-care practices for Nau Inn problem despite consulting a traditional midwife. Therefore, the three stages of health care seeking pattern are described in the following.

4.12.1 Pattern 1: Nau Inn problem for old women: Knowledge in treatment

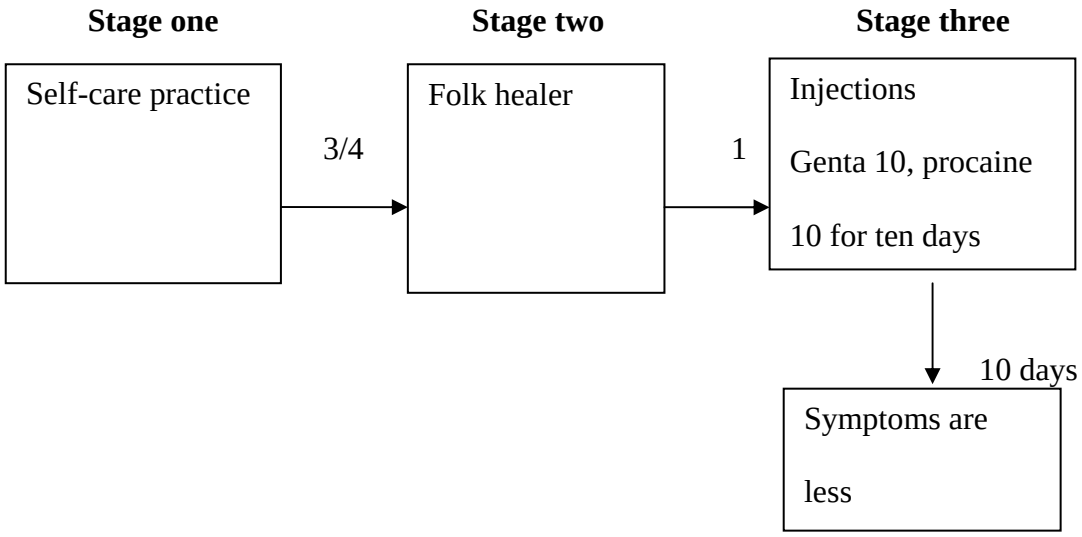

Figure 4.16 First pattern of health seeking behavior

They all have similar multiple types of symptoms and uterus problems. Nu Su is 40 years old. She did not have a uterus problem before marriage. After getting married, she had a stillbirth one time. Nu Zung of 45 is a mother of nine children who comes to her birthplace to stay with her father who is about 80 years old to help work along with her three children who are attending primary school. Nu Ni and Nu Si are single mothers who are both 45 years old. Nu Ni has a son who is over 18 years old and a daughter of Nu Si is roughly 16 years old. They both encourage their son and daughter to study very hard to become college students. Nonetheless, a son failed high school exam and quit his education because he no longer continued to repeat his study. A daughter is a tenth standard student presently. I feel that they are very worried about their own health and the health of their children. Their worries are directly linked to their gynecological problems.

The symptoms they perceived were similar and numerous. The symptoms were headache, discharge, pain, pain during sex, urination, weakness, hotness, itching, vomiting, staining discharge on underwear, backache, fatigue, miscarriage, difficulty going, working, bad smell, body and abdomen pain, extreme tiredness, numbness, chronic disease, malaria, fewer, irregular blood, thinner, legs, fingers and thighs seem paralyzed, heavy blooding, worries and dizziness. The symptoms gave them much discomfort. The bad odors were also the factors to let them stay away from the people.

They stopped their present tasks due to the severity of its problems. They thought that the symptoms will make them paralyzed, disabled, and have premature deaths. The causes of the symptoms were also similar, which were various types of jobs inside and outside and accident case. For example, Nu Ni fell from a cart during a visit to her brother living away from the family. On the other hand, Nu Zung used to take contraceptive pills and insert IUD for years. All reported that many types of jobs in the village made them unable to recover from their uterus problems. They complained about various types of jobs and the geographical features which were the enemies of their uterus health. Self-care practices were very important in their lives.

Self-care practices they regularly did included prohibitions on certain foods including chilies, fish/shrimp-paste, pumpkin, pork, banana, pumpkin. Women also tried to rest when possible. Uterus problems produce discharges which make the vaginas itchy and hot. Warm and clean water was used to wash their vagina to reduce itching, hotness and bad odors. The smell was also very bad so that they avoided staying with the people. The method of massage was interesting. They lie down on the floor at their own houses and put the two legs on the wall. After that, they touched their abdomens with their two hands to lift up, push and pull their uterus in line with their understandings to become better. Sometimes, women went to their friends who could help them do massage as the same way they did. Most women who had suffered from uterus problems knew that way. It was believed that method of massage was handed down from previous women who had uterus problems. Among them, Nu Zung further went to do self-care practice because she used the dye on the nails of the fingers and the legs. She said, *"I always use the dye locally called kating si on the nails. After every two days, the old dye on the nails is polished and the new is put on them again. It reduces nau inn pain dramatically. If my body is too much pain, the back side of the legs seems hanged. That is the way I am looking for reducing the pain."* The dye does not depend on the colors and the cost. She uses whatever she can afford to get the dye to reduce her pain. Therefore, until now, she still practiced it to become better and normal. They also tried to rest but this was not possible as mothers of the family have many household tasks. The older women had less time resting though they were advised to do it. Among them, Nu Su only consulted an older mother to reconfirm whether her uterus problem was more severe. Self-care practice normally

took 3 to 4 days before seeing a healer again for all of them. No matter how they did self-care practices, they felt more severe. Their bodies seem dead and they were worried about their health as well as their family because the symptoms were more serious and severe. As a result, they consulted a traditional healer to get approval from him.

After three to four days, the women went to a traditional healer in the morning. Sometimes, if the women did not have friends to go to see the healers, their sons and daughters-in law take a vital role in giving physical and emotional support to be able to go there. As soon as they reached the traditional healer, the healer diagnosed their current problems by touching with his two hands around the abdomen in order to determine whether the problems needed to be cured with medicinal injections. In fact, the healers understood the methods and medicinal cures for the women's uterus problems. However, the women needed the approval of a healer whom they trusted. A healer told them about the types of the problems which were the prolapsed, swelling, pushing the gall bladder, and deviation of the uterus. Based on their multiple types of uterus problems, a healer told the women, with exception to Nu Si, to buy procaine 10 and genta 10 for ten days. Nonetheless, Nu Si had a different uterus problem called as the open of the uterus which caused her to suffer from heavy bleeding. In order to stop the irregular blood, K 3 was prescribed to be bought and injected. After they became clear what and how to do and buy, they prepared to leave from the clinic.

They returned home and searched for the injections in accordance with the prescriptions. In general, a healer had injections and did it as well but they did not require him to give the injection because they had to return to their village. If they were injected at the healer's office away from their village, then it was questionable whether the side-effects from the injection would prevent them from safely returning to their village. All three women bought genta 10 and procaine 10 for injections in a small grocery in the village. In the evening, they went to the health care providers known as injectionists to be injected until the medicines were finished. The injection (genta 1 and procaine 1) took one per day for ten days. For Nu Si, K 3 was not available in the village so she ordered it to the city. It took a week to be able to acquire it. Shortly after she got K 3, she also went to a woman nearby her house to be injected. As soon as the heavy blood stopped, the injection was also stopped. Even though she

bought five bottles, only three bottles were injected. In other words, the three bottles made her irregular blood become normal. When all the injections finished, the women felt that the symptoms were indeed reduced. Genta, procaine and chymo are the painkillers though the names are different from each other.

4.12.2 Pattern 2: Nau Inn problem for younger women: Seek advice first

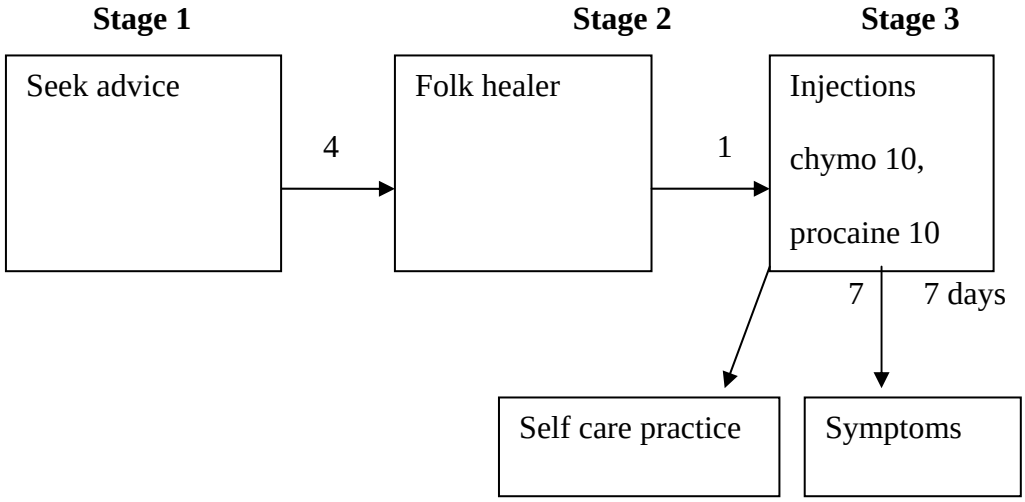

Figure 4.17 Second pattern of health seeking behaviour

Teens Nu Ngu of 17 years and Nu Sa of 15 years took a shorter period of injections. They suffered from uterus problems for a shorter time than the old women. In addition, the longer they can rest, the easier the symptoms are to minimize. Their education is quite low because they could not continue their studies in another village. With reference to the causation of uterus problem, Nu Ngu got it due to heavy works. She carried the harvests and crops from the farm to the house with yokes. Nu Sa got her uterus problem because of falling out of a tree and slipping down. With respect to education, she said, “The reason of the drop of my education is due to *khualu,* meaning ‘nobody to help us.’ When I meet Miss Sui, my tears fall down as she says, “My mother tells me to help them work instead of continuing my education in another village. My father, too, tells politely me about how much he could not work for us if we study all. Unless I quit the class, our family will be extremely difficult to look after my brother and the sister who are attending primary education in the village.” Shortly after they stopped their education, they were considered farmers.

The symptoms they perceived were backache, pain during urination and menstruation, pain on back and thighs, headache, thighs seem dead, loss of appetite, difficulty playing and bowing down, tiredness, and itching. The white discharge also stained on underwear though they were hesitated to touch it. The longer they waited for the symptoms to change or to remain, the quicker the symptoms affected their body more pain and severe. The symptoms also made them unable to play games with their friends. The headache and backache made them uncomfortable to eat foods. They thought about their pains around the body in many ways. They were worried about their backs because the pains on the backs were more severe. Their emotions had changed, and they felt angry at people. Nevertheless, they did not know how to take care of it and where they sought advice. After four days, they told their mothers about their pains, who stayed closely with them. Shortly after their mothers realized that their daughters might have gynecological problems, they were told to go and see a traditional healer who is always consulted on such matters.

As soon as they arrived at the healer's clinic, they were told to lie down on the bed arranged for the patients respectively. He asked them what happened to them, and then, began to diagnose by touching their body around abdomen in order to make sure what types of uterus problems were suffered. Moreover, he tried to pull and push around abdomen to become better. Nu Ngu and Nu Sa had the same type of uterus problem known as the swell of uterus problems. They were advised to do self-care practice and take a rest as possible as they can and to buy injections which were pain killers, namely chymo 7 and procaine 7 for seven days. The injections took one time per day for 7 days. Chymo and genta were interchangeable brands in the local context. Though the injections were available at a traditional healer' grocery, they preferred to be injected in the village because they thought that it might make them difficult to come back to their mother village. Normally, they just went to see a healer in the morning and returned to their mother village in the afternoon. Shortly after they reached home, they let their parents know about how a healer prescribed them. After receiving the money from their parents, they bought the injections in a small grocery in the village.

In the evening, Nu Ngu consulted a man nearby her house and Nu Sa went to a woman along with the injections and its facilities nearby her house, too. Before

injections ware taken, one chymo and one procaine were mixed and injected one time per day until they were finished. At the same time, they did self-care practices such as warm water to wash their vagina to reduce itching and bad smell. They washed their vagina at night when they thought that no one knew what they did. They also avoided eating chili that made their vagina hotter and more pain. In general, the younger women could take a rest longer than the older women. Moreover, as they were single, their household tasks were less. As a result, their symptoms were easy to become better and to reduce. Furthermore, the symptoms they had were less and shorter so that the injections took fewer days for them than for the older women who had been suffering from its problems for years.

4.12.3 Pattern 3: Maintaining self care practices for Nau Inn problem

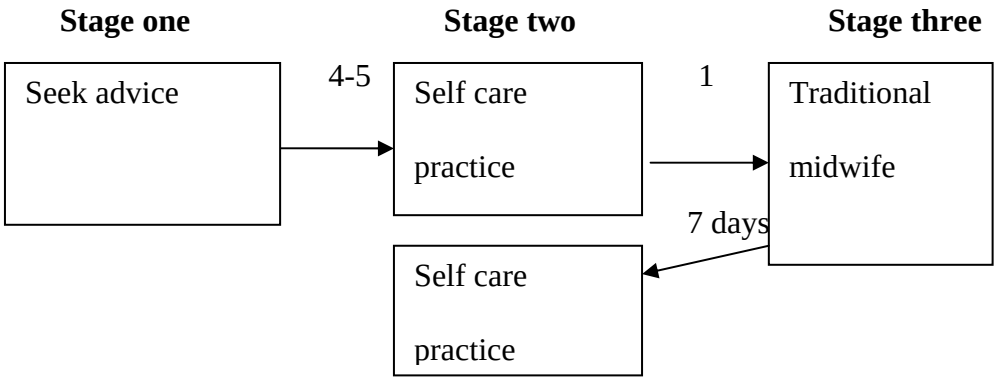

Figure 4.18 Third pattern of the health seeking behavior

Nu Da of 32 years is a peasant mother of a daughter and a son. Her husband is living in Malaysia in order to earn money. Presently, they have no connection with her husband. She came to stay in her native village two years ago after having been away from the village for seven years. She has no house. Therefore, she rents the house but she is allowed to live in a small house for free. Additionally, she has no farm, paddy field, and regular income. Actually, the family who does not have any farm and field could do their preferred jobs and take a rest in the village. Nu Ba is 24 years old, helping her parents work in the farms and the rice field after failing her high school exam. The causes of their uterus problems were pounding the crops, and clearing up the buddle of the grass in the rice field.

They symptoms they perceived included headache, backache, loss of appetite, discharge, bad smell, urination, menstruation, numbness around thighs, legs

and fingers, hotness, irregular blood, vomiting, itching and difficulty polishing the floor, working, and going particularly in crooked roads. The symptoms continued and increased in severity. They thought that the pains in their uterus would be bigger or grown and some day, the uterus would explode. Or perhaps their backs would be crooked. As a result, they would die of the uterus problem soon. Nu Da thought that red discharge was a sign of a bad uterus. After 4 to 5 days they felt more pain and severe, they told their friends who stayed and worked with them about their symptoms happening to their bodies. Their friends who had uterus problems suggested that they do self-care practices which consisted of warm and clean water, massage, rest and a particular food restriction such as chili. Warm and clean water was used to wash their vagina regularly, especially before they went to bed. It made them reduce itching and bad odors around vagina. Sometimes, warm water was used with soap and clean clothes. The way of the massage they did was identical to the method of previous women. They lied down on the floors and they touched their abdomen with their hands to press, pushed and pulled to become normal. They put their two legs on the wall in the house to recover from that around three days. The symptoms did not change within three days, and they were very worried about their health. Moreover, positive thinking was far away from them. Their emotion and thinking were influenced by anger and sadness. Then, they went and saw a traditional midwife in the village.

By the time when they consulted a traditional midwife who got the treatment process from a healer, she first asked them what, when and how it happened. They told the midwife all they were suffering, felt, and had done prior to seeing her. Soon after that, they were told to lie down on the bed at a midwife's house and then, a midwife diagnosed the problem by touching their abdomen with her hands. According to their report, their uterus was sloped or prolapsed. It was assumed that their uterus problem could be restored by her healing hands. However, they saw her every evening until she required them to come and see her again. It took 7 days. At the same time, they continued to do self-care practices. While she treated their prolapsed uterus problem, they tried to memorize how she did and handled the problems they had so as to be able to do by themselves. In general, the inflammation of the uterus does not need injections as well as oral tablets but the continuity of self-care practices, especially along with rest is necessary. After a week, their symptoms became less.

4.13 The social and economic factors of choices of treatment and care of the nau inn problem

According to (Bruce, 1990), a simple quality of care framework consists of six parts; namely, choice of methods, information given to clients, technical competence, interpersonal relations, follow-up and continuity mechanisms, and the appropriate constellation of services. The quality of care is extremely important to all the people. The last part of its study discusses and shows how to make practical use of the framework and distinguish three vantage points from which to view quality: the structure of the program, the service-giving process itself, and the outcome of the care, particularly with respect to individual knowledge, behavior, and satisfaction with services. Among several definitions of quality, quality implies a property that all programs have. Both quality of care and availability of services are vital determinant of contraceptive use. The six fundamental elements and gaps between the providers and the clients are described in short. First, choices of methods refers both to the number of contractive methods offered on a reliable basis and their intrinsic variability. Second, information given to clients refers to the information imparted during service contact that enables clients to choose and employ contraception with satisfaction and technical competence. Normally, the providers just gave them what they have to take and do for their health without any explicit information.

Third, technical competence includes several factors. The skillful providers are needed rather than the providers who spend a long time in a training program or numbers of procedures completed. Fourth, interpersonal relations are vital. The contact must be a two way communication, which is question and flexible guidance. Fifth, continuity and follow-up are necessary. It is often claimed that poor initial contact, ignorance of side effects and financial hardship lead the clients to stop continuity. On the other hand, the clients unable to afford financial are not invited again when the rich are able to continue what they need to become healthier and more effective. Home visitation will help them to be able to accept what they need. Last but not least, the appropriate constellation of services is one that responds to clients' rhythms and health concepts. For example, the postpartum service is integration of maternal and child health services. Furthermore, "the linkage between contraceptive use and sexuality, between the mother's and child's needs in the immediate

postpartum period, and between pregnancy termination and pregnancy prevention" are in seeking to bring to life. In addition, there could be a case of saying that so as to fulfill a woman's needs, both psychological and biological treatments must be integrated. However, health care systems as well as most health providers influenced by biomedicine especially in the remote areas ignore women's gynecological and psychological need. Therefore, it is vital to know the reason of the local women's view on low quality of care of government health facilities in terms of their genealogical problems.

4.13.1 Perceived low quality of care of government health facilities

The availability of health practitioners is a great concern because the location of the hospital is far away. Moreover, most doctors known as gynecologists are appointed by the government to stay in the hospital are not from the local regions but from the plain areas whose cultures and living conditions are totally different. When they stay in their places, they can earn much money. They can spend their life with their family. Most government workers from other regions do not want to bring their children to stay with them in the cities of Chin State because the quality of education is low. There is no electricity available. When they come and stay in the cities in Chin State, their salary also could not afford to support their family to stay together. Therefore, they come to stay there for a short time to show their presence and get back to their native places. As a result, when the patients consult them, there are no specialists who are suitable to their gynecological problems.

> *"In line with the appointment of the nurses in the Health Center, I together with my husband go there. We wait them for days because they attend training in the city. However, we are not informed about that though they have appointment with us. Therefore, we move to another place,"* Nu Su stated.

Furthermore, despite the fact that they want to seek health care service in the hospital, almost all women cannot speak and understand Burmese language which is the official language in Myanmar. Language is a critical factor in communication, especially regarding medical conditions. If they can speak and understand the language, they are not afraid to talk with the health practitioners who only speak Burmese language. In addition, they are very much worried about where to stay while they visit the medical personnel. They have many questions whether the doctors will

allow them to stay at the hospital or not. They also are worried about who will take care of their children and domesticated animals when they are away from the family. Whether the health care workers can understand and speak the language is questionable too.

> *"As I am illiterate, and we are poor, I cannot go to hospital. When it is too much pain, I am thinking that I had better go to hospital. In fact, I am afraid to go there because I cannot speak Burmese language and Hakha dialect so the doctors will not understand my illness. On the other hand, I will not be able to answer their questions. Also who will be the care taker of me if I stay at hospital? Until now, I have never been to the city. Besides, I cannot go to hospital on foot. Also whether the hospital can treat uterus problem is not sure. I feel tired of and wasted of the money and time,* "Nu Ngu said.

Furthermore, lack of trust in medical practitioners in the hospital is also the barrier to seek care. They in general have no trust in health practitioners' competency. In the hospital, according to their experiences and knowledge on *nau inn* treatment, there were only two options, namely wash and operation so as to treat it. Nu Zung recalled her experience at the hospital. She stated,

> *"I went to hospital one time in 1999 when Ca was young. The doctor told me that my uterus was needed to be washed. Without that, it could not be treated. Before entering into operation room, I first went to the toilet. At that time, the placenta retaining in my uterus was flown out without any health treatment. While living in the toilet, an obstetric gynecologist asked Mr. Tial where I went. I was about to be operated. After the toilet, I was called to enter into operation room. Gynecologist listened to whether a fetus was still alive or not. She told me that a fetus was alive and my husband told her what I had happened to the toilet. As a result, my uterus was no longer washed. Actually, without being washed, some kinds of the uterus problems like retaining placenta could be recovered it they were experts."*

This indicates the incompetent skills in the hospital. In fact, the women did not have any willingness to wash and operate their problem because they thought that they would no longer work for the future. Furthermore, they thought the operations could cause HIV transmission. They viewed the medical doctors in the hospital and supposed that the *nau inn* problem was seen as an incurable disease without being washed and operated if contacting the hospital. In short, they have no trust in medical practitioners who only focus on the wash and operation of the uterus rather than on any other choices for those who seek care services.

The cost of facilities was too high for people from the village. The competent skills of the workers were of poor quality so they did not trust them that they could treat their sufferings. In other words, the quality of care and services from government hospitals was in question. For instance, a woman who was operated her *nau inn* no longer participated in social and community activities anymore. It showed that the skills and the treatments did not fit with the local women in their notions. As a result of the failure to be a normal life and lack of the accessibility of health workers and facilities, they no longer wanted to go and see medical doctors in hospital.

> *"I do not want to go to hospital because I can recover from a healer. Going there is wasting time and money for the reason of my nau inn pain and problem,"* Nu Ba quickly responded.

4.13.2 Poverty, lack of income/cash

The farmers in the remote areas in Chin State are economically poor because they do not have any regular income. They rely on their small farms and paddy fields, though each family has a poultry farm for subsistence living; incomes do not enable them to afford hospital visits which are high in facility and transportation costs. In order to seek health care, they have to pay for transportation and services fees. They reported that hospital was for the rich but not for the poor. In spite of the fact that they could borrow the money from their relatives to seek care in the government services, they were worried about their *nau inn* problem which could be curable or incurable. They felt that they just wasted the money going to consult medical doctors. Besides, by reason of poverty or financial hardship, they stopped making a decision whether to go to the services. Even though they could go there, they delay to go and see health workers who say to them, "You are too late to come." On account of such kind of bad experiences, they complained that the health workers only saw their weaknesses rather than their low economic, unaffordable, difficult situation and poor transportation.

4.13.3 Transportation

In general, the transportation is done on foot because most villages have no connection with a motor way between a village and a village. Whenever they get sick with a serious illness, they were carried with a stretcher made of bamboo which is

8 feet long and 3 feet wide to get to the traditional house or to the motor way. In order to reach the hospital in the city there are two modes of transportation: 1) on foot, and 2) by car which is irregularly accessible. The people are scared at the transportation which includes such fees as accessibility of the car, poor road conditions, and the fees. The women stated that the car was very shaky due to bad road that made the pain more severe. During rainy season, the women had to get in and out of the car due to deep mud. Moreover, they thought about whether the car might have an accident or mechanical problems. They almost always stood up inside the car until they reached the city in which the hospital is located. Such bumping road made them vomit and tired of all day long. Therefore, they complained about their original land.

> *"In spite of the fact that our mother land is beautiful and the wind is so fresh, the mountains, the rivers, the roads and the works every day we use are the enemy of our uterus health problem and all hinder us to go to the city to seek care and also to recover from it,"* Nu Zung complained.

4.13.4 Social suffering of women with Nau inn problem

Any cultural and health care systems should not obstruct people regardless of beliefs, ethnicities and groups to have access to health care services. However, they are as the victims of cultures and bad health care system because the heads of the families are men and the decision-makers of the policy are from the central government. For these reasons, women become passive. They have fewer rights and choices to make any decisions to spend the money and to sell the properties even without an agreement of the husbands and fathers. In other words, the husband is considered the head of the household, the decision maker, and breadwinner. Women are expected to do all of the housekeeping including cooking and tending to the children in addition to working in the field. As a result, women often develop psychological health problems like stress, anxiety, and depression. Some married women complained about staying along with their husbands' family because of their parents' domination upon them. Granting that their parents were consulted and informed first, their daughters-in-law were considered bad wives or immoral.

> *"My heart does dare to speak out whatever I would like to say in front of my father-in-law and mother-in-law who are workaholic. The injury can be found in my heart if it can be operated by the machine. Sometimes, I feel sick but they cannot understand my nau inn illness which is seen a*

> *minor issue. Therefore, I say that my heart and mind has a wound that can be uneasy to treat now,"* Nu Tial said.

The women reported that the cultures and the status on women in the society symbolized a dictatorship system because they had difficulty making decisions to seek care without the heads of the family's consensus though their lives were accompanied with severe pains and symptoms. This low social status makes them more worried, distressed, and difficult to express their desire to go and seek care in the hospital. Furthermore, the life of some women was imprisoned by their society as well as their neighbors. Unless they did clean the household compounds and have the fire woods, they are considered lazy and inferior. The society did not think about their health problem. As a result of the fear of the local views on them and low social status, their daily life also was in the bondage of worries and sufferings. And then, their uterus problem becomes more serious.

4.13.5 Lack of community and family understanding about women's nau inn suffering

The community and the family lack women's uterus problems. Lack of understanding ignores the importance of women's health and care services. Moreover, it also makes the community and the family unable to liberate from outdated traditional concepts. For that reason, a *nau inn* problem is viewed as culture of silence and a shameful disease because it is directly connected to vagina and sexuality. It is believed that vagina is a sign of bad luck. According to oral legend,

> *"If somebody in the community dreams about women's vagina that is considered bad, he should stay at home at least a week. The bad luck can happen to him within a week. After a week, its bad luck has been gone far away from him."*

On account of misconception on vagina, talking about sex and vagina is immoral, bad, and dirty, let alone practicing pre-marital sex in this area. In other words, the talk about vagina and sex is bad, polluted, taboo for all. If someone frequently talks about vagina and sex, he/she is considered sexaholic. Therefore, they keep silent to let their family know about their sufferings directly related to vagina and sexuality to seek health care services. Furthermore, the culture of silence on the problem makes them shy talking about the problems around vagina as well as their uterus problem among the people.

The culture also treated women and men in different ways. Women thought that silence in the public area and stay at night in the house shows their good dignity, faithfulness and honesty. Here is a proverb that looks down the women who go outside at night time, "*vokpi zomh tawik tha ci me ting, canu zomh tawik bi ci me ting, "a female pig visiting and outing outside all the time comes back home with spear and bad words like women back home with scornful words, wound, and pregnancy without husbands.*"

Though they have its problem, they act and participate in community, family and their husbands in a normal way and life due to the culture of silence. They do not want to show and speak that they have uterus problems. The community also lacks awareness of women's sufferings and problems and women's physical structures. The culture of silence makes them keep their social, physical and psychological sufferings. For that reason, financial, social and moral support from the community is still far away for those who are suffering from gynecological problems. On the other hand, men in general do not care about women's gynecological problem because women are considered worthless. Sad to say, besides, women themselves rarely talked about their uterus illness. When talking about it, women are rather joked, saying that they should not marry because they will be unable to become pregnant. It is obvious that they are rejected from the community.

Furthermore, they are badly disdained if they do not participate in community developmental activities as well. The focus groups reported that once they talked to the community leaders about their severity of the uterus problem that they were not to be able to participate in today's work, the leaders laughed at them and joked them, saying that whether they could sleep with their husbands or not. Hence, they thought that they had better keep silent in the presence of the community that did not care about their uterus problem that is as well, still ignored by the communities and religious organizations, which never come and visit them to pray for their uterus health problem to show their moral and social support upon women. For that reason, their worries and sufferings from it has no voices Their sufferings make them poorer and worry about their future lives as well as their children and families except to contact and see a traditional healer though they could not follow his instructions at all.

4.13.6 Traditional healers as a more affordable choice for women

According to their health seeking care experiences to traditional healers, they never ever ask the cost for their health problem's check-up. A traditional midwife never advises any women who come and see her to use biomedicines. Normally, she only treats the prolapsed uterus by using her hands. Therefore, every day, the women who have prolapsed uterus see her until she tells them that they no longer need to see. However, for a traditional healer who combines his healing skills along with biomedicines, only when he uses biomedicines, they need to pay for the costs. If he does not use biomedicines, he never asks them to pay for a check-up. Nonetheless, they bring the gifts to the healer when they first or second consulted them even though they are not requested to show their thanks to him. The gifts depend on what the women have. There have no special rules and regulations mandatory for the patients. The gifts typically include rice, money, eggs, and vegetables. For some women, after they felt better from their problems, they helped the providers' work to pay back their love upon them. Trust is vital. The women trust them that they can get better and recover from their sufferings if they follow their instructions such as rest and treatment. Therefore, they go and consult the traditional healers rather than the health practitioners in the city. If they use government health services, as previously mentioned, they have to pay for transportation fees, the foods, and health services. But they do not need to pay for their health check whenever they go and seek traditional healers inside and outside. As a result, they go and consult them due to trust and low cost.

CHAPTER V
CONCLUSION, DISCUSSION AND RECOMMENDATIONS

5.1 Conclusion

The uterus is a symbol of a bed. If the bed is shaky, any person who lies on the bed is unable to sleep well. The local people comprehend how they feel when the bed is shaky and noisy. According to their local context and environment, a uterus problem is compared with a shaky and noisy bed that makes them unable to sleep well at night. Likewise, when the uterus has a problem, a fetus might not be able to stay in it, too. Based on their environmental knowledge and every day practices, the form of uterus is referred to a pot and a plate. Moreover, white discharge is also represented as rice water, the fluids of banyan and fig trees. It can be said that these explanations are completely influenced by their perceptions on gender role, nurture, and environment they have experienced in their daily life. In other words, these explanations reflect their familiarity and understanding among their thoughts and experiences from their surroundings, compared with modern medical knowledge.

Women's experiences of uterus problem were various and severe. The type of the pattern of its problem was also classified into more than ten local gynecological names. Among them, *atu, apaleng, aphing and ahawng* were the common problems. The most common systems were vaginal discharge, headache, backache, the numbness of the lower part of the buttocks, the fingers, toes, loss of energy, and malnutrition. If not treated, worries about their problem would make them experience psychological distress and paralysis stroke. In other words, their life felt full of worries because they thought that their back would become crooked. Their uterus problem will become cause growth in the womb, and later can explode and cause death. Their untreatable problem will make them paralyzed and their whole body numb and unable to move like an old woman being suffered from gynecological problems in the village. The causes of the problem are heavy burden, childbirth,

sexual intercourse and contraceptives such as pills and IUD. Additionally, the factors of the reoccurrences are hard work, the fear of their neighbors and their husbands' parents, stretching heavy things such as fire woods, crops, and pounding the crops for meals.

The culture thinks that vaginal discharge is embedded in the life of women, so they do not seek care for only this symptom. The vaginal discharge accompanied by backache, bad odor, itching and pain is taken into account to consult their friends, older women and the traditional healer. They first talk their problems to their close friends or the older women who had the problem before and whom they trust. Next they consult traditional healers who use modern medical treatment. In accordance with their instructions, they address and care about their problems through resting, using warm water to wash their vagina and avoiding a particular food and vegetable such as chili. When the uterus problems become more serious, the women worry about their health and become angry and emotional.

Few women went and consulted obstetrician gynecologists in the government hospital. After being operated, a woman was unable to work anymore. On the other hand, most women complained that the hospital cannot treat their gynecological problem because no woman from the village recovered from the procedure(s). Rather, their uteruses were washed out and operated on, often making them unable to perform physical work. According to their reports, though they have a more serious problem after seeking care in the hospital, there are no compensation cost and other guarantees to consult them again with low cost. Furthermore, in spite of the fact that their problem was serious and debilitating, they were not supported by the community as well as any organizations such as religious organizations.

Women living in the remote areas understand their gynecological problems in different ways than educated and medically trained people. Moreover, the health care system did not solve all the problems women and their families face and need. Their social-economic factors block their health access to health care services such as cost, transportation, communication and facilities. It is absolutely true that the improvement of women's social, economic and educational statues is the primary need to better understand how to prevent, protect, and manage their own bodies. The

political and social system must create the ways to meet the betterment of the women's needs and to support them in their roles. Health education among men and women is poor and low and preventive health care information is totally absent except HIV and malaria. The cultural, social and economical system inhibits them to participate fully in decision-making process in the community. They look like inanimate creatures in the presence of male dominated society.

Despite the fact that they could not afford to go to hospitals, we should be aware of the importance and the effectiveness of their local beliefs about illness and traditional healings. They interpret their illnesses and treat their problems in accordance with their local contexts. Many women could recover from uterus problems due to the success of treatment. Their local beliefs and traditional treatments should be valued and appreciated. The healers working and serving voluntarily for the people should be paid respect as well. The government as well as non-governmental organizations should provide the healers to treat and heal the local people who have no access to modern medical treatment. All remote areas in Chin State urgently need to provide integrated development projects that include maternal and child health program, family planning program, educational and training program, and agricultural program to be a healthy community.

5.2 Discussion

Based on past studies done in Thailand by Pimpawun, more various choices in pattern of health care facilities, different beliefs about the final outcome of an untreated uterus problem/ the failure of gynecological treatment, similarities with respect to the belief on causation and symptoms of the uterus problem, and the body politics are mainly discussed in this section.

5.2.1 More choices in pattern of health care facilities based on past studies

In comparison with past studies, particularly based on the studies done by Pimpawun in Thailand, it is obvious that there are various choices in the pattern of health care services with respect to a gynecological problem. For instance, women can easily seek popular, folk and professional sectors which are accessible to them. The location of the sector in which they prefer to go is not very far because they have access to good transportation within a three hour travel. The cost of facilities is reasonable and the duration of the waiting time for the patients takes less time to consult medical doctors. They are in general satisfied at almost all processes of the treatments of their *mot luuk* problems. On the contrary, there is a lack of sufficient health infrastructure. All the people, especially rural dwellers in Chin State have poor access to gynecological health care services. Besides, the rural dwellers have no access to information, communication, transportation, and other modern technologies due to lack of basic infrastructure.

Such kinds of adverse systems oppress the rural dwellers to have access to all kinds of facilities they need for their health and life. Poor educational and economical background badly affects their ability and their decisions to seek care though there are some hospitals in the cities far from the community. Despite the fact that they have choices, though they are few, the cost of health seeking care services is unaffordable to the farmers who have no regular income. Another factor is poor communication between a health provider and a patient. There is a big language gap and barrier to communicate with them. Nonetheless, they can understand each other in Thailand. But in Chin State, most rural dwellers cannot speak the common Burmese language so that they are afraid to make a contact with a health provider. Unfortunately, the women who are unable to speak and understand the language are considered stupid and poor.

5.2.2 Different beliefs about the final outcome of an untreated uterus problem/the failure of gynecological treatment

There is evidence to say that beliefs about the final outcome of an untreated uterus problem are completely different from past studies. For example, past studies showed that the failure of the gynecological problems among women in Thailand changes and leads to cervical cancer that cannot be untreated, leaving women in much fear. As a result, women of make an attempt to take care of their problem well. In addition, these women in Thailand have much more health education on the subject of the uterus problem because of better health education on the severe impact of cervical cancer. On the other hand, there are fewer health educational awareness programs that only focus on the importance of hygienic practices around their physical bodes and their environments besides the training on the cause and the effect of infectious diseases like malaria and HIV. The findings also reflect women's beliefs that uterus problem includes symptoms such as chronic disease and long suffering, an abnormality of the back, paralyzed stroke and death. Of all women in my research study, only one woman who heard about cervical cancer from her friends who are close to medical doctors living in the city thinks about cervical cancer if not treated. It is undeniable that the outcome of an untreated gynecological problem between the present study and the past studies depends on health educational background and knowledge. The Chin rural women have less access to gynecological health-related education than women in Thailand due to inadequate condition of the health education program run by the central government in Myanmar. The belief about the outcome of the failure of the treatment of the uterus problem for the Chin rural women is directly related to their daily life experiences and their of observations women who have suffered from uterus problem.

5.2.3 Similarities with respect to the belief on causation and symptoms of the uterus problem

There are similarities with reference to the belief on causations and symptoms, which are in general common, severe and high concern among them. For example, on the subject of the symptoms, weakness, headache, genital discharge, and

backache were considered to be an inevitable part of women's life after being suffered from the uterus problem. Heavy bleeding during menstruation was considered very serious by the women because of the possibility of death from excessive loss of blood. The frequency of complaints also were heavy bleeding, itching, bad odor as a result of white discharge, backache, and numbs of their toes and fingers during interviews on illnesses. The main causes of gynecological problem according to them were heavy burdens of workload, contraceptives, sexual intercourse, and childbirth. In short, poverty is a major factor leading to its particular problem. Especially among Chin rural dwellers, apart from socio-economic factors, other deterrents consist of cultural and attitudinal factors also making women afraid to make a decision on their needs independently and minimizing women's desire and ability. In other words, political, economical and patriarchal system blocks their empowerment and capacity in the community. Such system leads to lack of male participation in women's uterus problem as well.

5.2.3.1 Lack of male participation in women's uterus problem

Alcohol consumption and smoking among men were still common. I am convinced that alcoholic consumption among men made their brain dull to think about their future plan as well as their wives' uterus problem. Another fact is that the lack of understanding of women's physical structure and their worries drove male thinking far away to support women's gynecological case. Men also made women wait to seek care and neglect to take care of their uterus illness until it is often too late. A particular fact I want to point out here is women did not have any kind of support from their husbands, community, as well as religious organizations that made them lonely and suffer more. Furthermore, the government lacks health services for uterus problem among the rural regions in Chin State. The women are also conditioned to tolerate suffering and slow to respond to their own medical needs due to the lack of social, financial and moral support from the family and the social institutions existing. The society as well as the government neglects uterus problems. The impact of the lack of participation in women's gynecological problem was deadly poisonous. As a result, the lack of male participation in women's uterus problem

made them difficult to overcome and recover from their physical, social, and psychological problems.

4.2.4 Women's low status and hard work

A patriarchal system deeply rooted in the community also imprisoned women's thoughts and knowledge no matter how women were educated. This system does not give them a chance to take leadership positions. For example, to be the members of the Council in the village, it was commonly understood that the members should be the male heads of the family. Similarly, in religious structuring system, it has long belief that a Church Chairman or deacons should be the male heads of the family. Sad to say, women themselves accepted that they should not be the leaders because they were women who menstruated every month. As a result of menstrual blood and their inferiority, women became the victims of the system that as well made them do more hard work that men do not want to do. Such kind of bad influential ideas imprisoned women themselves and they suffer. Some women are still afraid to go to Church because of menstrual blood that might stain on the chairs. No sooner had they menstruation than they began to feel worried and trouble going in front of the people. No matter how much they tried to hide their blood in the public arena, it could not be hidden because no women there use pads during the menstrual period.

The rural peasant women, additionally, do not have time to rest as long as they wish because of the many tasks both inside and outside of the home. Inside tasks include sexual activities with their husbands for married women. Their reports showed that though they did not have any desire for their husbands, they had to continue having sex. In fact, they felt pain and dissatisfied. The continuity of different types of jobs and sexuality led to more severities and sufferings from *nau inn* problems. It seems clear that women's roles and position in the community as well as in the family make them more suffer from their *nau inn* illnesses along with their whole body pain. I would agree that gynecological problems affect women's social and economic life severely. Moreover, gossiping can make women suffer more from psychological distress. Their physical appearances seem dark, bloodless, hopeless, angry, ugly, old, faded, worn out, exhausted, decrepit, inform and feeble. As a result

of low status and various jobs, their life to seek health care services in the hospital for their uterus problem delays and often brings them to death.

5.2.5 The body politic

The body politic analyses, *"the regulation, surveillance, and control of bodies in reproduction and sexuality, in work and in leisure, in sickness and other forms of deviance and human difference. Many types of polity are ranging from the anarchy of simple foraging societies, in which deviants may be punished by total social ostracism and consequently by death, through chieftainships, monarchies, oligarchies, democracies, and totalitarians. Less has been written about the ways in which preindustrial societies means for producing docile bodies and pliant minds in the service of some definition of collective stability, health, and social well-being"* (Scheper-Hughes & Lock, 1987).

Society and all types of systems are controlled and managed by a small group in ethnic minority groups that make women suffer in isolation. Social forces which are health problems, physical oppression from poverty to racism are embodied in their life. Life for the rural women peasants of today in Chin State is abject misery. The life of suffering cannot end until the small group of the people still continues the systems existing in ethnic minority areas. In other words, it can be said that their sufferings are the result of the everyday violation of social, political, cultural and economic rights by a small group. With respect to the axis of race or ethnicity, ethnic monitory in Myanmar, the ethnic minority groups, especially for women caused increased rates of morbidity in view of lack of access to resources. Social expectations constrict women from carrying on daily routines like men, and accessing adequate resources. It is clear that due to gender inequalities in education, economic, society, health care, politics and any institutions are primary factors for gynecological diseases and death.

As Chin women are in an isolated and a mountainous region with poor infrastructure, its location contributes to poor health outcomes and they are intentionally neglected. In other words, due to the geographic isolation of Chin State, the women are more vulnerable to gynecological health problems that lead to crooked

backs and death. They are helpless, marginalized and oppressed. There are no justice and equality in their daily life. Their life seems similar to the fish within polluted water. They survive but their future life depends on shorter and longer conditions. It can be concluded that a lack of adequate policy for gynecological health problems among the rural areas dehumanizes and neglects women. The patriarchal system also is the factor that constricts and inhibits women's gynecological health and their empowerment. Let us make an effort to build a better gynecological health care system by working together to nurture constructive way rather than destructive attitude and eyes upon women. Let's break down destructive policy to have equal access to their uterus problems, and allow women to achieve adequate health care access and healthy life.

5.2.6 Limitation of the study

With the exception of elder oral history interviews and secondary sources, all participants of the in-depth interviews, focus group discussions, and body mapping exercise are currently suffering from gynecological problems. In spite of the fact that all the women including a traditional healer have knowledge of uterus problems, the beliefs of causes, symptoms, treatment process might be irrelevant for more educated and medically trained populations.

All participants willingly joined this study and contributed information regarding their experiences, knowledge and opinions. As a result, it seemed apparent that their inner feelings and suffering could be reduced and heard. On the other hand, as the researcher is a male as well as a pastor who has limited knowledge about women's feeling and illnesses, this study that might not fully understand the extent of individual uterus problems, socioeconomic situations, daily life illness experiences, and self-care practices. The limitations of my study are that it could not address other reproductive health-related problems and contributing social factors.

5.3 Recommendations

Based on the findings of the study, the following recommendations are strongly made:

1. Myanmar's health care system combining with indigenous healing processes and knowledge requires better health care services providing the remote dwellers with the urgently needed reproductive health information and care. All citizens, regardless of ethnic groups, should have equal, affordable, and reasonable access to health care services.

2. Sex, family planning, and breast feeding educational program for the youths should be taught as part of the curriculum in the schools with their own language. Students should understand about sexuality before getting married. Lack of knowledge about sexuality and family planning results in problems during their young ages. It will also help them prevent unwanted gynecological issues.

3. Better women's health and economic status are an urgent need to improve through formal and non-formal education that will also reduce and minimize female illiteracy rates. Poverty reduction in the remote areas is extremely important because it makes more women more vulnerable to their health and the decision. If women are more healthy and educated, they would be able to make a decision independently and create better lives.

4. Health educational programs including local knowledge, healing process and modern medical treatment are strongly recommended to disseminate reproductive health information including maternal and child health care through media (radio, TV, and local newspapers). Workshops and seminars should be organized for particular target groups with the support of the ministry of health. As a result, the local people can improve their indigenous knowledge and treatment as well. For instance, if they believe that their way is more understandable and affordable, they may stay with their same treatments.

5. Regular gynecological training and services in rural areas in which poor transportation and communication must be established and accessible in remote areas. These training and services will help heal their sufferings and worries about

their gynecological problems as well as their time going and staying in the hospitals away from their respective villages. Also, all women who are concerned with their uteruses must be examined at least one time per year to determine whether the uteruses are problematic and also have a cervical cancer screening.

6. Ambulances should be arranged for the local people who are not effectively treated and emergency cases which cannot be solved in the local services to be able to go to the cities on time.

7. Counseling service should be implemented. Counseling for prevention and early management of uterus problem should be developed and implemented. Men should be encouraged to take over the chores that involve heavy lifting, especially during pregnancy and the post-partum period. Counseling should also encourage families to respect six weeks of post-partum rest for all women. The new couples should be counseled how to build a happy and healthy family.

8. Integrated development programs such as maternal and child health program, family planning program, income generating program, educational and training program, and agricultural program must be provided to them.

5.3.1 Recommendation for further research

My personal suggestion for further research is based on research findings and limitations from this study; this study should be considered preliminary for those who plan to conduct further research on related topics. Specifically, I think that it will be important to investigate the views of men regarding women's gynecological illnesses because men generally do not consider uterus problem was a serious health problem; this has unconcerned attitude devastating effects on women. As this qualitative study shows, men and policy-makers need to be involved in the educational programs planed to address women's illnesses.

Additionally, I recommend improving the health education system including traditional knowledge and medicine so as to educate society about women's health issues.

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APPENDIX

INTERVIEW GUIDELINES

1.1 Guidelines for elderly oral history interviews and secondary resources

1. Background information of the community
2. History of the community
3. Life and the establishment of the village-how long have the village established, who firstly settled here? How the clan and family expanded, (married in or outside),
4. Geographical characteristics of the Village
5. Location: distance from town, (gov and private) health services, another villages
6. Chin State: history, ethnicity, connection with Yangoon, economy, contact with outside world, population characteristics, outside world, population characteristics
7. Township characteristics: ecological setting, population characteristic, contact with outside world
8. Ecological setting of the village
9. Climate
10. Geographical characteristics of the village and housing, pattern of residence
11. Land and Land use, water resource
12. Communication and transportation
13. Demographic Data
14. Population distribution
15. Education, migration, ethnic identity
16. Social Structure
17. The village community: sense of community

18. Relationship with outside world
19. Administrative divisions and factions
20. Social stratification: importance and distribution of land ownership and wealth
21. Power and political structure within the community, township, other state, armed and poilitical conflict
22. Junior –senior relationship
23. Entourage, patron-client relationship
24. Kinship, kinship obligation and pattern of residence
25. Type of family structure, decision-maker in the family
26. Marriage and divorce
27. Women's roles and status in the family and community/public domain
28. Villagers'belief system and world view
29. View/belief on social inequality
30. Health Care system
31. Local health problems
32. Water supply and sanitation
33. Economic structure
34. Type of occupation
35. Economic level
36. Market place
37. Cash and subsistence economy products
38. Everyday economic life of both women and men
39. Women's negative views on government's gynecological health care system

1.2 Interview and observation guidelines (women with uterus problems)

1. Introduction
2. Greeting with warmth and friendly message
3. Introduce myself and research objectives

4. Explain about ethical issues: privacy, informed consent, confidentiality and benefit and reciprocity and ask permission and written informed consent
5. Personal data
6. Name, address, age, religious belief, education, marital status, number of children and household members, reproductive health history (years of marriage, abortion and miscarriage history, history of number of pregnancy and childbirth, contraceptive history, traditional post partum practices, history of vagina discharge, prolapse, urinatory tract infection, etc.), social status or involvement in social groups and social activities
7. Economic context, occupation, types of works, household income, economic daily live, migration and work history

1.3 Questions are obtained from the Book of (Boonmongkon et al., 1998)

1.3.1 Woman's illness experience

1. Please describe your illness/problem. What are the symptoms? Show me on your body. What do the symptoms look/feel like?
2. Which symptoms do you have at the same time?
3. How long have you had these symptoms? How does the woman describe the severity of the problem-what words does she use? What images or comparisons does the woman use to express the feelings of the illness?
4. Give the woman a body diagram. Ask her to draw her reproductive organ and where the illness/symptoms are, and what she thinks is happening in her body with this illness. Label the diagram.
5. How serious is the illness?
6. Is the illness: how many times? What kind?

7. Is there something that made it easy for you to get this illness now (or in the recent past)? Why do you think you got it, while some women never get it?
8. What do you think caused the illness, the last time you had it?
9. Is there anything you do to try to prevent your symptoms from occurring, or prevent them from becoming worse? (e.g. hygiene behavior, diet, herbal medicines, commercial products, etc.)
10. Who have you told about this problem?
11. What advice did they give? (take certain medicine, go to hospital, etc.)
12. Consequences of illness: How has the illness/symptoms affected your work?
13. How has the illness/symptoms affected your life?
14. How did the illness affect your sexual relations with your husband? Where you embarrassed to have se because of discharge or smell? Did you tell your husband about the problem? If yes, what was his response: what did he say or suggest? If no, why not? Did your husband show sympathy?
15. Did you ever worry that if you complained about the problem for a long time, your husband might visit another woman?
16. In what ways have you suffered as a result of this illness? What she says about physical and psychological suffering. How much of her suffering is physical, and how much is psychological?
17. Are you afraid that this problem could become more severe?
18. Could it become something worse, later on? (e.g. if not treated) what could it become?

1.3.2. Self-medication:

1. The last time you had this illness, did you treat the illness with medications yourself, without seeing a nurse or doctor first?
2. How many days did you wait before taking medication, after getting symptoms?
3. What medication did you use?

4. Why did you choose this medicine?
5. How much did you take? For how long?
6. Had you ever used this medication before? When? For the same illness, or a different illness?
7. Where did you get the medication? Who bought it?
8. Did you take this medicine because of a friend's advice, or a friend's experience with it?
9. What did you use the medicine for?
10. How did it help? What symptoms changed?
11. How often have you taken bill (name) before? For what reason? How long do you take it for each time?

1.3.2 Health care seeking:

1. The last time you had this problem, where did you go to get medicine/ treatment-first, second, third, etc..?
2. If she waited a long time before seeking heath care: why did she wait so long? First health service used: …Why did she choose:….How was she treated…, second,
3. How did the woman's work load affect her health seeking behavior?
4. Did she delay her health seeking because of a heavy work load?
5. Did work in town lead her to visit a hospital or drug store there?
6. Did money affect her health seeking, or cause a delay in health seeking?
7. Use of Government Health Services (health center and township hospital):
8. Did you ever go to the health center/hospital for your children's health problems?
9. Do you ever go to the health center/hospital for your own health problems?
10. What problems?
11. How often do you go to health center and township hospital?
12. In your last visit to the health center/hospital, what did you tell them your problem was?

13. What questions did the health officer/nurse ask about your illness?
14. Were you satisfied with the questions/information they collected about your case (your history)?
15. What questions did they not ask that they should have asked?
16. Did they ask if you had taken any medicine already?
17. Did they ask any questions about your husband's health?What questions?
18. Did they suggest that your husband take medicine or go for treatment?
19. Did the health officer/nurse do a physical exam? What did they do?
20. Did you expect them to do a physical exam?
21. What did the health officer/ nurses tell you your problem was? Did the explanation satisfy you?
22. Did they health officer/nurse give you medicine?
23. If not, how did they tell you to manage the problem?
24. Did they explain well how to take the medicine (when to take, how much or how long) they tell you what each medicine was for?
25. Did you have to pay for the medicine?
26. Did you ask for an injection? What was the response of the staff?
27. Were you refereed to another clinic or hospital for services?
28. If so, what were you told?
29. Were you given any papers to bring with you?
30. Why do you think they sent you there instead of helping you at the health center/hospital?
31. Did you go to the place they told you to go? If not, why not?
32. How long did you have to wait before seeing a nurse or doctor?
33. If you never go to health center/hospital, why don't you go there for the women's health problem that you are experiencing?
34. What questions did the nurse/doctor ask about your illness?
35. What did you tell them your problem was?

1.4 Guideline for the three bodies

1.4.1 Individual body

1. When did you know whether you have uterus? Who tells you?
2. How do you understand your body?
3. Do you have any metaphorical conceptions about body?
4. How is metaphorical conception about body described?
5. What is the connection with health and illness to the body?
6. When did you know your bodily problem?
7. How do you know about what your physical symptoms are deemed normal and abnormal?
8. What is the symbol of Blood?
9. How does the body function in your daily life? How much is the body important?
10. What is the body represented in your culture? Could you tell me about body image in your culture?

1.4.2 Social body

1. How is the women's body with uterus problem referred in your community?
2. What is the relationship between women's body with uterus problem and the nature?
3. What is the social position of woman after getting uterus problem?
4. What is the exchange of meaning between nature and women's body with uterus problem?
5. How does your offer explanation for understanding the women's body with uterus problem?
6. How does the women's body represent in your community context in terms of uterus problem?
7. How are uterus and vagina represented and referred in your culture?

1.4.3 Body politics

1. What is sexual cultural belief for women and men in marital context and non-premarital context?
2. What is menstruation represented?
3. How does the society view female and male sexual organ?
4. What is sexual and gender ideology related with uterus problem?
5. What kinds of social positions, roles and duties in the community are prohibited for women? How are the rules regulated?

1.5 Observation guideline

1. Where do they stay? Who do they stay with?
2. Do they go to the farm? Where/what are they doing any day?
3. How do you interact with people in everyday life? (Any sign of lack of confidence?)
4. The relationship/social interaction with his partner/family/neighbors
5. In health care setting, how do they interact with health care providers?
6. Do they have freedom to stay in this type of rented house?
7. How do they spend their leisure times? Whom do they spend their leisure times with?
8. What do they do? Name the activities observed.
9. Where do they spend their leisure times in neighboring house)?
10. Do they go to the church or participate in some occasions? How do they stay?

BIOGRAPHY

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