

Postpartum Ritual of Confinement: An Anthropological Exploration of Maternal Healthcare Practices among the Meitei-Pangal Women, Manipur

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Abstract

Childbirth is a crucial part of women's life and maternal health. Birth and its immediate postpartum period are precarious period for both mother and child. This precarious postpartum period is socially managed through a ritual of confinement called meining kunba in Meitei-Pangal society. Women are bound with cultural beliefs, practices, norms and tradition during this postpartum confinement. Through ethnographic inductive study, fieldwork was carried out in a village with 172 households and 897 population- 448 females and 449 males. Methods used are in-depth interview (21) and case study (3) of ever-married women of (15-49) years old. Through content analysis and data interpretation, it is found that meining kunba is an inevitable postpartum healthcare practice and observed traditionally by Meitei-Pangal women immediately after childbirth. Beside healthcare practice, it is culturally defined and understood as the initial 40days of postpartum period. This postpartum confinement is ritualised firstly, to provide optimum maternal and childcare; secondly, protection against vulnerability of evil spirit and lastly, maintain ritual purity due to concept of pollution. The present study provides an anthropological perspective of postpartum ritual of confinement, cultural logics behind its practice as well as, its social significance in regulating fertility behaviour, foster kinship ties and preserve tradition of a society. It will provide a template to understand cultural needs of women so as to address broader challenges women faced to access maternal healthcare service.

Keywords: - Meining Kunba, Maternal Healthcare Practice and Meitei-Pangal Women.

1. Introduction

Childbirth is a crucial biosocial event of a society [1]. It is culturally contextualised and interwoven within biological process of pregnancy, delivery and postnatal period. Pregnancy, childbirth and postpartum care are sociocultural construct, shaped by cultural beliefs and practices of a society [2]. Women experience childbirth and motherhood through cultural beliefs, practices, norms, tradition, rituals and ceremony [3, 4, 5]. These cultural beliefs, ritualistic practices, behaviours and tradition form a healthcare system of a particular society; ensuring good maternal health as well as, well-being of mother and child [6, 7, 8]. Traditional beliefs and practices surrounding pregnancy, childbirth and postpartum care ultimately affects maternal health either positively or negatively [8].

Maternal health is a major global health concern and forms a significant part of women. WHO defines maternal health as an overall well-being of women during its pregnancy, childbirth and postnatal period [9]. It encompasses physical, social and mental well-being of women starting from preconception till post-reproductive period. Despite widespread coverage of institutional birth (98% in 2023-24, NFHS-6), India still has high prevalence of maternal death [10]. Approximately, 2.4 lakh women die globally due to pregnancy and delivery related complication in 2023 [11]. Out of 2.4 lakh maternal deaths, India accounts about 24,700 maternal deaths, majorly within age group of (20-24) years. It means, 1 in 10 global maternal death occurs in India. Major causes of maternal deaths are postpartum haemorrhage, maternal hypertensive disorder, puerperal sepsis, embolism, ruptured uterus, severe anaemia and obstructed labour [12, 13]. Inadequate access to healthcare service is one of the major loopholes affecting maternal health in India [14]. Scarcity of healthcare personnel, lack of infrastructure and quality of public healthcare service form a barrier to access maternal healthcare service. Along with this barrier, lack of health awareness, low educational status, early pregnancy, nutritional deficiency, poverty and women's autonomy indirectly contribute to maternal mortality [13, 14, 15]. Safe Motherhood Initiative-1987 has identified four pillars of focus to decrease maternal mortality [16]. They are improving antenatal care, safe delivery, postnatal care and family planning. Align with this Initiative, India has launched CSSM (Child Survival and Safe Motherhood) program in 1992; aims to prevent maternal death, enhance child survival and improve quality of maternal healthcare service.

Postpartum period is a crucial phase of childbirth and maternal health. It starts immediately after parturition of foetus till 6months of childbirth [17]. It is regarded as a final stage of labour [18]. During postpartum period, uterine inversion along with vaginal bleeding occurs. Body undergoes gradual changes of genitourinary system and hormone; accompanied by perineal pain or discomfort. There is a high chance of genital tract trauma, postpartum haemorrhage, embolism and eclampsia in this period. Birth and its immediate postpartum period are considered as vulnerable or precarious for both mother and child [4]. This vulnerable postpartum period is socially managed through a set of cultural practices and norms that reflect shared beliefs system of a society. Culture shapes postpartum behaviour, beliefs and practices that ultimately impact maternal and child health [17]. It is a pivotal phase for women to recuperate after pregnancy and delivery. Specific cultural practices and tradition are observed to promote healing, recover back to its normal body state and maintain well-being of mother as well as child. After childbirth, women undergo a 'ritual of confinement or seclusion' as a traditional postpartum healthcare practice across cultures. It is culturally interpreted as resting period, optimum maternal care, isolation or ritual pollution period and protection against illness. [17, 19] This ritual of confinement locally termed as *meining kunba*, is observed as an inevitable postpartum healthcare practice in Manipuri society [20].

This paper is an anthropological study of postpartum healthcare practices of Meitei-Pangal women of Manipur. Based on ethnographic fieldwork, it tries to delve into how society manages and regulates childbirth through cultural beliefs and practices. The study is an attempt to present *meining kunba*- a 'postpartum ritualistic practice of confinement' through anthropological perspective. This study explores traditional beliefs, practices, behaviour, restrictions, norms, and taboos that are observed within this ritual of confinement. Through cultural insights, the present study will form a template to understand preference, choice and need of women related to maternal health that influence their utilization pattern of maternal healthcare services. Localised, microscopic and inductive study of healthcare is important to promote cultural competence approach in health intervention and address broader challenges women faced to

access maternal healthcare service. This present study will also highlight social mechanism to strengthen cultural knowledge and tradition of a particular society.

2. Review of Literature

Medical anthropology is a subfield of anthropology that forms a close association of biology, culture and health. It studies human behaviour, ill-health and culture from anthropological perspective. Childbirth is a universal and crucial biosocial event of a society [1]. Pregnancy, childbirth and postpartum care are social construct, shaped by culture [2]. Cultural perception and belief system influence maternal healthcare practice and health seeking behaviour of a particular society [20]. Cultural system also shapes postpartum behaviour, belief and practice [17].

Postpartum period is a pivotal period starting immediately after childbirth till 6months of post-delivery [17]. Childbirth and postpartum period form a significant transition in women's life [21]. It is socially marked and culturally constructed along with physiological changes. Women culturally transition through rite of passage where social status, role and identity change following childbirth [22]. Culture attaches motherhood with a new identity and status. With motherhood, women fully integrated into husband's household and hold a higher status [23]. Women experience childbirth and postpartum period through cultural belief, practice, norm, tradition, ritual and ceremony [3, 4]. In most cultures, ritual of confinement is observed as a crucial postpartum healthcare where, women follow strict adherence to cultural practices and tradition [17, 19].

Postpartum period is a crucial time span for women to recuperate from childbirth and take on a new role of motherhood [17]. It is perceived as a precarious period across cultures, rendering women vulnerable to illness [24]. Specific traditional practices are observed to ensure recovery, provide healthcare and avoid illness across cultures. In many cultures, women undergo a ritual of confinement immediately after childbirth [17, 19, 21]. This postpartum ritual of confinement is generally practised to provide optimum maternal and childcare [17]. It is observed as an essential postpartum healthcare practice to provide maximum rest, allow maternal body to recuperate after pregnancy and childbirth, keep body warmth for healing, protect women and child from illness or evil spirit, form maternal-child bond, adhere to pollution norm and exclusive breastfeeding [17, 19, 21]. This postpartum confinement is practised firstly, to keep women isolated as they are considered impure or pollutants; and secondly, protected from vulnerability of evil spirit [19, 21]. Women are considered as unclean, impure and polluted due to postpartum bleeding or lochia after delivering child. Due to this 'concept of pollution', they are isolated from people and normal activities; and stay in seclusion. It also provides protection from polluting men through physical contact. Postpartum period is regarded as precarious due to attention of evil spirit and this ritual of confinement thus, provides protection of mother and newborn child. In many cultures, women have to adhere strictly to this postpartum confinement. Traditional postpartum practice includes maintenance of body heat, food restrictions, sexual abstinence, taboos, hygiene, restrict mobility and restrain from household work during this confinement [17, 19, 21]. Madagascar women follows 1-4 months of postpartum confinement immediately after delivery to promote maternal and child health [9]. During this confinement, they stay indoors, drink hot fluids and take hot baths to stay warm and protection from illness or infection.

In India, postpartum period is generally regarded as ritual pollution period and strictly adhered to norms related to the concept of pollution [17]. Parengi Porja women (Andra Pradesh) follow postpartum ritual confinement with complete rest, strict dietary restrictions, taboo, purification rites and postpartum care. In Manipur, meining kunba- a postpartum ritual of confinement is traditionally observed as an inevitable

postpartum healthcare practice [20, 25]. In this practice, women immediately after childbirth stay near fire or hearth of the household for complete 40 days [25]. It reflects cultural importance of warmth in healing and recovery of maternal body after childbirth. During this period, women follow strict adherence to food avoidance, restriction of mobility and taboos. They also use medicinal herb for perceived recovery, relieve postpartum pain and lactation support.

3. Conceptual Framework

To analysis and interpret ethnographic data, the present study used concept of 'healthcare system as cultural system'- given by Arthur Kleinmann (1978) and 'Purity and Pollution'- proposed by Mary Douglas (1966).

Arthur Kleinmann (1978) presents a holistic perspective to understand health, illness and healing process of a society [6]. According to the author, "health, illness and health care-related aspects of a society are articulated as a cultural system". Like other cultural system, healthcare system is a symbolic system built out of meanings, values and behavioural norms of a society. Health, illness and healthcare are interrelated and socio-culturally constructed. Health beliefs, behaviour and healthcare practices are governed by socially sanctioned rules of a society. In this model, illness is viewed as a cultural idiom linking beliefs about disease causation, experience of illness and symptoms, behaviour, decision of treatment and therapeutic practices. According to the author, illness is a social construct; defined, understood and shared among the members of a particular society. It is a subjective experience of abnormality or sickness where patient's perception of illness explains health seeking behaviour and practice. The author also explains that most healthcare systems contain three social arenas within which illness or sickness is experienced and understood. They are first, popular: family and community-based healthcare; second, folk: non-professional healing specialist, and third, professional sector: scientific health expert and professionalised indigenous healer.

Mary Douglas proposed a concept of 'Purity and Pollution' (1966) to study pollution ritual of a society [26]. According to the author, society maintains distinction between order and disorder; as well as, pure and pollution. Explaining this concept, author argued that through pollution ritual, social order and purity are maintained in a society so as to remove danger associated with pollution.

4. Research Methodology

The present paper is an anthropological study of meining kunba- a postpartum ritual of confinement among the Meitei-Pangal women, Manipur. It is a descriptive study based on ethnographic fieldwork that was carried out in a village. Fieldwork was carried out as a part of Ph.D. research project. It is a qualitative study extensively based on in-depth interview. Methods used for data collection are interview-unstructured and structured; and, case study.

4.1. Universe of the Study

This study is carried out among the Meitei-Pangal community of Manipur. Meitei-Pangal or Pangal is an ethnic community of Manipur along with the Meitei, the Naga and the Kuki. They are valley-dweller and majorly populated in Thoubal, Imphal East and Bishnupur districts of Manipur. They form 8% of the total population of Manipur, with a population of about 2,39,000 (Census, 2011). They belong to Mongoloid group, speak Manipuri language and follow Islam as their religion. They have close affinity to Meitei community in terms of its origin, culture and society. Pangal society is formed by amalgamation of Meitei culture and Islamic tradition through social process of acculturation, assimilation, syncretisation and

cultural admixture [27]. Its socio-cultural system is formed as a result of admixture of indigenous Meitei culture and Islamic tradition. It follows patriarchy, patrilineal, patrilocal and clan exogamy. It is strictly based on social institution of sagei or clan [28].

4.2. Fieldwork and Research method

Ethnographic fieldwork was conducted in a small village- Yangbi, located in Imphal, Manipur. The village is inhabited by Meitei-Pangal, with a total population of 897 individuals- 448 females and 449 males (with 172 households and 196 ever-married women of 15-49 years). Start with pilot study and rapport establishment with villagers; an ethnographic fieldwork was conducted in an attempt to comprehend culture, tradition, social structure, religion and healthcare system of the population. An inductive study of postpartum healthcare practices is carried out using interview and case study method. Within postpartum healthcare, a ritualistic practice of confinement is selected and gathered thick ethnographic information using unstructured and open-ended interview. Along with interview method, case study is used to explore childbirth experience of women during this ritual of confinement. The paper is extensively based on in-depth interview of 21 ever-married women (15-49 years old) and case-study of 3 key-informants randomly selected (convenience sampling). Informed consent was taken before initiating interview with brief introduction of 'purpose of the study'. Prior permission was taken to record data and name of the informants are anonymized to maintain their privacy. This paper is designed to delve depth into traditional postpartum healthcare system. It is an attempt to present postpartum ritualistic practice of confinement termed as, meining kunba through anthropological perspective.

5. Findings and Discussion

5.1. Meining kunba as a postpartum ritual of confinement: -

Like other cultures, Pangal women follow a 'postpartum ritual of confinement' locally termed as, meining kunba or hippa. It is a traditional ritualistic practice where women immediately after childbirth sleep or rest near fire or hearth for complete 40 days. It is observed as an inevitable postpartum and maternal healthcare practice. Meining kunba means stay near fire or hearth. It depicts importance of warmth. Keeping body warm is culturally perceived as a prerequisite for post-delivery recovery, healing and protection from common illness. This postpartum confinement thus, reflects a culturally held belief that warmth supports healing, recovery of maternal body after childbirth and maternal health. Although meining kunba is practised as a postpartum ritualistic practice however, it is also culturally synonym as the initial 40 days of postpartum period. They used the term 'meining kunba', both as time period and postpartum ritualistic practice of confinement. Meining kunba is perceived as a period of complete rest, maintain body heat, specialised maternal care and time of ritual pollution. It ends with purification bath. Postpartum period is a precarious period where specialised maternal care and complete rest is essential. Pangal society manages this precarious period through meining kunba- a ritualistic practice of confinement, to provide optimum maternal health and childcare. Immediately after childbirth, woman undergo this ritual of confinement and secluded for complete 40 days. They follow strict adherence to cultural beliefs, practices, norms and tradition within this confinement. During this period, it is customary to visit the women by extended family, relatives, friends and neighbours; along with Meitei ngamu (snakehead fish) as a celebration of childbirth and, congratulate the women and family.

Meining kunba is observed as an inevitable traditional and postpartum healthcare practice. It is culturally practised firstly, to maintain ritual purity, secondly, protection from vulnerability of evil spirit and lastly, to provide optimum maternal health and childcare. During meining kunba, women are considered as

ritually unclean, impure and polluted due to postpartum bleeding or lochia after delivering child. Due to this 'concept of pollution', women are kept isolated away from people as well as, restricted from normal and religious activities. Applying Mary Douglas's 'concept of Purity and Pollution' (1966), meaning kunba can be interpreted as ritual of confinement to maintain ritual purity [28]. This postpartum confinement is socially ritualised as an inevitable cultural practice framed within the 'concept of pollution', with specific restrictions and norms. And secondly, to protect mother and child from evil spirit. Postpartum bleeding same as, menstrual blood attracts attention of evil spirit. This influence of spiritual agent is perceived to impact reproductive and maternal health of women; causing menstrual irregularity, infertility and frequent miscarriage. Due to vulnerability and dangerous nature, women follow restriction of movement during meaning kunba. Lastly, to maintain optimum postpartum healthcare for both mother and child. Due to bleeding and body weakness, this period is regarded as precarious for women and newborn baby where they are susceptible to illness. It is regarded that complete rest and specialised postpartum care are prerequisite for maternal and reproductive health of women. Women are strictly bound with cultural beliefs, practices, restrictions, norms and tradition within this postpartum confinement. They are provided with optimum postpartum care, complete rest and strict adherence to religious as well as cultural taboo, in terms of activity, food intake and movement.

5.2.Role of matrilineal kins in meaning kunba

Meaning kunba is traditionally observed in natal place of women, essentially at first childbirth. Women after childbirth stay at her natal place, and matrilineal family takes care of the women as well as newborn child. Mother and women-folk of her matrilineal clan take charge of healthcare along with, socialisation of traditional practices related to maternal health and childcare. Cultural values, beliefs, behaviours and norms are imbibed and internalised where women learnt and pass on its tradition. Through this process, they learn various childbirth practices, norms, restriction, taboo, specific diet pattern, food avoidance and ritual to be followed during meaning kunba. It is observed in natal place as a cultural mechanism to regulate fertility behaviour, child spacing, maintain maternal and child health as well as, socialisation. It also reflects doubled descent with importance of matrilineal clan in patriarchal Pangal society.

Mina said that "meaning kunba at natal place provide her some space from daily chores of marital home; time for complete rest away from husband, avoid sexual relation and more child spacing and time for child nourishment".

5.3.Postpartum healthcare practice

According to Krishnakumari (2014), ethno-physiology involves belief, knowledge and conception about body structure and its function [20]. It influences health practice and health-seeking behaviour of a society. Pangal women have their own concept of body, bodily process and function. They perceived meaning kunba as a postpartum period of complete rest, maintain body warmth, specialised postpartum care and ritual of confinement. They conceived it as a period of esa sonba (body weakness), esa naothokpa (body tenderness) and e naothokpa (regeneration of blood). This period involves physiological or body changes, cleansing of impurities and body recovery. Process of body retraction back to its normal body occurred along with e anou ari sinba (regeneration of blood). And, these physiological changes need complete bed rest, keep body warmth, nutritious diet and good maternal care. Therefore, women are provided with specialised maternal healthcare during meaning kunba. Maintaining body warmth is regarded as prerequisite for healing and recovery of maternal body thereby, they stay near fire, drink warm water and soup. Due to body weakness and precarious nature, they have to cover their head, walk slowly and sit with

special care to avoid illness and complication. No physical activities or lifting of heavy items is allowed during this period. Household chore especially, husking of rice, lifting, bending, standing or walking for long time are avoided.

5.3.1. Ising laouba

It is a traditional form of sitz bath or steam bath practised by Pangal women. They do perform this bath as an inevitable postpartum healthcare practice every single day for 40 days during meining kunba. In first week, they do perform this practice 3-4 times a day. In this bath, water is essentially boiled for almost an hour, cooled it down till it becomes lukewarm. A pinch of table salt is sometimes, added to water and boiled. The lukewarm is collected at one palm of hand and cleanse the vagina or perineal area thoroughly. This process is repeated again and again for almost 30 minutes. After completion of this process, perineal area is dried completely with a clean cotton cloth mainly white coloured. Ising loubu is not merely a cleansing process but also, involves taking water vapour or steam that cleanses the perineal area deeply, avoids infection, relieves perineal pain and heals effectively. They perceived that it strengthens hakchangthong- cervicovaginal area which is crucial for reproductive health of women. It is a process that is almost same as higai yaiba, a traditional steam therapy to relieve from pain. They perceived that it is an inevitable postpartum care that heals body or perineum after delivery, strengthens cervicovaginal area and avoids future complication such as infection and uterine prolapse.

Yasmin said that “ising lauba helps in rapid healing of body, fastening of body (cervicovaginal area) and prevent from vaginal infection. Water is boiled and let it cool down till it becomes warm. Warm water is collected with hand, clean perineal area and same process is repeated for 10-15 times. It also helps to relieve from perineal pain or postpartum discomfort”.

Mina said that “if women don’t adhere to traditional practices and norms during meining kunba, maternal health of women is terribly impacted. If ising loubu is not performed adequately then, hakchangthong (cervicovaginal area) is weakened, vaginal or perineal area is inadequate fastened, backpain will persist and sometimes, causes vaginal infection”.

5.3.2. Diet and food taboos

Woman is cultural bound with various beliefs, ritualic practices, norms and taboos during meining kunba. They follow taboos and restrictions in terms of food, movement, behaviour and activity. They are restricted from consuming oily, hot and spicy food. Their diet intake is confined to simple, boiled cooked food with dried fish for complete 40 days. Women eat plain or simple food which consists of boiled rice, boiled soupy vegetable, salt and dried fish. Traditionally, Pangal women specifically consume Meitei thum (traditional salt)- prepared from salt-well of Manipur and dried fish. Ngamu (snakehead fish) is traditionally consumed during meining kunba to provide strength. Since time immemorial, ngamu is acronym as a symbol of good health, strength, longevity and energy in Manipuri society. The women also drink chicken or meat soup during this period to provide nourishment, strength, energy and rapid healing.

It is conceived that diet of mother directly affects child health. They are restricted to consume citrus fruit, spicy and fermented food during meining kunba. Women avoid having sour or citrus fruit as it is believed to cause bloating, gastric problem and khomthi faiba to breastfed child. Khomthi faiba is a common neonatal illness which is caused due to diarrhoea and indigestion. Its symptom is frequent crying (due to stomach pain), watery and milky stool passage of the child. No paan, no tobacco or junk food is allowed during meining kunba. Traditionally, women consumed yendem (taro plant), laphu (banana stem) and leafy vegetables as a source of e-pokpa chingak (nourishment and nutrient supplements). They take taro

plant, banana stem, Meitei thum (traditional salt) and soupy vegetable as lactational support during postpartum period.

5.3.3. Cultural taboos

Lochia or postpartum bleeding is regarded as impure or unclean, same as menstrual blood. It is based on the 'concept of pollution'. Body fluid such as blood that comes out of vagina is regarded as amangba (pollutant). Pangal women conceived that body will completely cleanse its impurities and tissue remnants of pregnancy through this bleeding. During meining kunba, they are regarded as ritually unclean, impure and polluted. Due to this concept of pollution, they are religiously and socially secluded. They are religiously prohibited from offering namaz (Islamic prayer), touch Quran (holy book of Islam) and observe fasting. They are restricted to go outside frequently during this precarious period. Due to body tenderness, weakness and susceptible to illness or spiritual agent, they are generally confined within household, cover head of women and keep an iron knife below mattress. They are strictly restricted to go out of house at afternoon, sunset, dusk and pass near a graveyard to avoid unwanted attention of evil spirit.

5.3.4. Sexual taboo

Culturally, women are strictly prohibited and tabooed to share bed or sexual relation with their husband during meining kunba else, they will suffer chak mangba. It is a postpartum illness that occurred due to breach of taboo or improper conduct of sexual behaviour. Women with this illness will puke with the smell or sight of food, lose appetite to eat, lose weight, weak, malnourished and dull complexion of face. They conceived that it is a punishment faced due to breach of sexual taboo. Sexual relation during menstruation, pregnancy and meining kunba is strictly prohibited.

Yasmin said that "sharing bed during this tender period of meining kunba, is strictly prohibited as it affects women's health. Body during this period is weak and tender. Sexual activity stresses body, stretches hakchang (perineal area) and in course of time, causes angangkhaio nanthaba (uterine prolapse)".

5.3.5. Management of hygiene

During meining kunba, body is tender and weak. They maintain proper hygiene as body is susceptible to vaginal infection. They perform sitz bath 3-4 times daily and change their clothes frequently. They also take steam bath that helps them heal faster and prevent from body pain. They manage postpartum bleeding or lochia by wearing only phanek (traditional wraparound) but in strategic manner so as to avoid leakage. They wear it in the same fashion as dhoti with one end tugging at the back side. No use of panty and sanitary pad except going outside the house. They perceived that lochia same as menstrual blood cleanses their body impurities; and, obstructing its flow is unhealthy that might cause weakness, dull complexion and in severe cases, menstrual irregularity or frequent miscarriage or cancer. Wearing panty or pad obstructs blood flow and thus, they avoid it.

5.4. Purification bath

Meining kunba as a ritual of confinement ends with a purification bath. It is observed on the 40th day of childbirth after which, women are regarded as ritually pure and clean. In this purification rite, women have to take bath with lukewarm water irrespective of season. Following the bath, woman is regarded as completely pure. After this bath, women are religiously clean and pure to observe namaz or read Quran or fasting before which, it was prohibited.

This purification bath is traditionally practiced by boiling water along with leaves of neem, boroi (ber fruit) and sengbrei (white mint); and then, cooled it down till it becomes lukewarm. Women first take bath with the lukewarm water (same as normal bath) so that, body remains clean and then, undergo a steam

bath. Steam bath is a body perspiration or sweating process where a clean dupatta is soaked with the lukewarm water, cover the whole body with that dupatta and then, sit in sunlight so as to let body sweat for 10-20 minutes till the clothes dried up completely. After completely sun-dried the body, women will take a nap along with a blanket so as to maintain body heat. This traditional bath must be done at noon when sunlight is at the peak. No shampoo and soap is used. Instead, chenghi is used which is a traditional hair cleanser; prepared by boiling rice water with herbal or aromatic leaves such as lemon, hibiscus, khonggai nabi (goat weed), sengbrei (white mint), heibi (mayan) and urikshibi (blue vitex).

Thombi said that “this traditional bath is a forgotten practised however, extremely beneficial for healing of maternal body that prevent body pain or ache and backpain. Nowadays, women performed purification bath same as normal bath on 40th day after childbirth using soap and shampoo”.

6. Conclusion

Through rigorous content analysis and interpretation of thick ethnographic data, it is concluded that meining kunba is an important postpartum healthcare practice observed by Meitei-Pangal women. Society manages postpartum period through meining kunba as an inevitable postpartum ritual of confinement. This postpartum confinement is ritualised with three cultural logics- firstly, to achieve optimum maternal health and childcare; secondly, protection against vulnerability of evil spirit and lastly, maintain ritual purity due to ‘concept of pollution’. Meitei-Pangal women interpret it as a precarious 40 days of initial postpartum period and an inevitable postpartum ritual of confinement. This postpartum confinement is marked as a social mechanism to maximise postpartum care, regulate fertility behaviour, foster kinship ties and preserve tradition of a society. Women experience postpartum period and motherhood through cultural beliefs, practices, norms and tradition. They have their own concept of body, bodily process and function. This conception influences their postpartum healthcare practice and strict adherence to postpartum confinement. Due to body weakness, tenderness and precarious nature of meining kunba, they strictly follow traditional practices of ising laouba, food restriction, sexual abstinence, religious taboo and purification rite so as to maintain good maternal and child health. Applying Kleinmann’s concept of healthcare system and Douglas’s ‘concept of purity and pollution’, it is concluded that meining kunba is a traditional postpartum confinement and forms a subsystem of maternal healthcare system with its own beliefs, practices, norms, restrictions and taboos. It functions to maintain ritual purity in Pangal society. This study provides a comprehensive insight of traditional postpartum healthcare system that reflects on cultural needs of women. Ethnography provides a ‘mirror to social reality’ and this ethnographic study will form a template to understand broader challenges women faced to access maternal healthcare service. It is also recommended that cultural confinement needs to be critically examine through correlation study of this confinement with postpartum depression in future study.

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