2003

Review of *Regulating Menstruation: Beliefs, Practices, Interpretations*, edited by Etienne van de Walle and Elisha P. Renne

Melissa Pashigian
*Bryn Mawr College*, mpashig@brynmawr.edu

Let us know how access to this document benefits you.

Follow this and additional works at: [http://repository.brynmawr.edu/anth_pubs](http://repository.brynmawr.edu/anth_pubs)

Part of the Anthropology Commons

Citation

This paper is posted at Scholarship, Research, and Creative Work at Bryn Mawr College. [http://repository.brynmawr.edu/anth_pubs/4](http://repository.brynmawr.edu/anth_pubs/4)

For more information, please contact repository@brynmawr.edu.
technological change and institutional change and the implications for an equilibrium theory of markets.

In a concluding chapter of the book, he illustrates his theory with reference to problems of economic development. Once again, he chooses to critique theories of development that ignore individual decision making, subsequent institutional emergence, and the constraining nature of institutions and individual learning. He notes, as have other new institutionalists, that such theories fail to explain why development has proceeded so unevenly in countries with very similar formal institutions and, at the same time, observes that countries with similar informal institutions but different formal institutions have also had very different economic trajectories. Thus, any theory of development in large-scale societies must take account of both types of institutions and consider why some sets of informal and formal institutions are complementary rather than oppositional. In the final pages he begins an exploration of this problem, asking what institutional mix provides the conditions for growth. In the end, however, it is not clear to what extent he believes that deliberate design of institutions is possible. He dismisses Elinor Ostrom’s work on institutional design by arguing that it is relevant solely to small-scale societies governed by informal institutions whereas large-scale societies require formal institutions that can only evolve by an unintentional process of the invisible-hand type. He comes to the disheartening conclusion that it must be rare for complementary institutions to arise in both informal and formal sectors. In the case of post-Soviet Russia, the adoption of formal institutions guaranteeing property rights and open markets has not been sufficient to create growth, since existing informal institutions (e.g., expectations about the stability of reforms) are not complementary to the formal ones and can be expected to change at a much slower rate. It must be noted, however, that while making this “Hayekian” argument that the growth of knowledge and of institutions cannot be deliberate, he differs sharply with Hayek in arguing against a unilinear process leading to economic growth and greater social welfare. Rather, with North, he argues that many paths are possible in an evolutionary process driven by this view of individual learning.

References Cited


Constructing Menstrual Regulation

MELISSA J. PASHIGIAN
Department of Anthropology, Bryn Mawr College, Bryn Mawr, Pa. 19010, U.S.A. (mpashigi@brynmawr.edu). 18 IV 02


Regulating Menstruation brings together articles by historians, anthropologists, demographers, and health specialists to examine perceptions of menstruation and women’s intentions to affect their menses. Part 1 concerns menstrual regulation in the West both historically and in the present; part 2 is a compilation of sociocultural perspectives on menstrual regulation in Africa, Latin America, and South and Southeast Asia.

Menstruation has been described as polluting and/or purifying and as an indication of illness or health. These symbolic ambiguities are reflected in women’s actions to regulate it. The contributors to this volume suggest that the behavior of a woman who fails to menstruate and seeks to regulate her menstruation through the use of emmenagogues (agents promoting menstrual discharge) can be interpreted in multiple ways; she may be seeking an early-term abortion or simply protecting her health, and the resumption of menstruation attributed to their use may signal that she was not pregnant. Contributors point out that the ambiguity surrounding women’s intentions reflects the nature of menstruation. Amenorrhea can indicate pregnancy, the inability to conceive, or underlying disease. Return of menses can indicate failure to conceive or, alternatively, the possibility of a future pregnancy. The case examples in this volume reveal the ways in which menstrual regulation is a culturally embedded practice and show that women’s intentions in using it are not always clearly defined.

In the course of the past 300 years, irregular menstruation has been varyingly interpreted to indicate pregnancy, underlying disease, or normal variation in a woman’s cycle. Part 1 of this volume traces some of these changes historically. Van de Walle’s essay traces the topic of menstrual stimulation in the West to the humoral theories of Hippocrates and Galen and the materia medica assembled by Dioscorides, exploring the contexts in which Greek physicians recommended menstrual stimulants and the substances used. Emmenagogue use took on the meaning of producing menstrual regularity in the 18th, 19th, and 20th cen-
teries in Anglo-American and European contexts. Distinguishing the use of emmenagogues to restore a woman's health from their use as abortifacients could confer social respectability on a woman in 18th-century America (Klepp). Similarly, the ambiguity of emmenagogues was further manifested in the 19th-century United States as women, their physicians, and commercial trade in fertility-intervening drugs promoted regularized reproduction (Brodie). During the 20th century, Western interpretations of emmenagogues reflected shifts in the ways in which both the medical community and laypersons viewed irregular menses, from causing ill health to resulting from ill health to reflecting ill health and a growing desire for control over childbearing (Santow).

Siedlecky explores the properties of a number of common emmenagogues and abortifacients used at the turn of the century and suggests that while women have historically sought to control their fertility for both medical and social reasons, the effectiveness of herbal emmenagogues was dubious and any success likely fortuitous. Currently, the contraceptive pill is a menstrual regulator that can prevent pregnancy, regularize menstrual cycles, and serve as a postcoital emergency contraceptive. Some women experience breakthrough bleeding using the pill, and uninterrupted pill taking for consecutive cycles can prevent menstruation altogether. Potter finds that the desire for menstruation outweighs the desire for convenience and pregnancy protection, leading users and prescribers to feel ambivalent about the pill.

Focusing on demography, Warriner reviews the literature on secondary amenorrhea—the pathological absence of menstruation in women who have previously menstruated regularly—and considers its causes and impact on fertility, suggesting that it has been largely neglected in demographic studies, particularly of developing countries in which its prevalence is high.

Part 2 of the volume addresses menstrual regulation outside the West but touches on many of the same themes. These chapters make abundantly clear that menstrual regulation is embedded in the social contexts in which it is practiced. In the high-fertility context of Guinea, inducing menses is a way of ensuring future childbearing by maintaining good reproductive health. Menstrual problems signal compromised fertility, the impetus for using plant medicinals to induce menstruation when it is late. Levin argues that menstrual regulation in this cultural context is understood both to help women avoid pregnancy and to maintain their health and that trying to separate women's intentions misses the point.

Bamana women in Mali are expected to bear large numbers of children and can experience great psychological distress when trying to reconcile high-fertility desires with irregular menses. They also link regular menstruation with reproductive health, using emmenagogues to induce menses. Madhaven and Diarra shed light on the ambiguity that surrounds this use when it may signify to others a possible abortion in a context in which high fertility is demanded.

Renne suggests that menstruation and its regulation cannot be understood outside of their larger sociocultural and historical context. Shifts over the past 100 years in the social lives of the Ekiti Yoruba in southwestern Nigeria have contributed to changes in women's reasons for menstrual regulation and the methods they use. Renne describes the ambiguous use of herbal and chemical emmenagogues and dilation and curettage among these women to cleanse the womb in order to enhance fertility or to cleanse the womb of pregnancy.

Hull and Hull suggest that Indonesian women take herbal emmenagogues for individual reasons that may vary with their circumstances. The meaning of this use may alternate between a means to regulate menses as a sign of health and a way to prevent pregnancy. They call for further research on the actual impact of herbs on menstruation and for recognition of menstrual regulation as a central issue in reproductive health research and policy agendas.

In Matlab, Bangladesh, menstrual blood at once symbolizes pollution and cleansing of the female body and signifies that a woman is fertile. Johnson shows how modern contraception, including injectable contraception that can induce amenorrhea, has influenced the ways in which rural Bangladeshi women experience and respond to irregular menstruation, which now include the use of other modern contraceptive methods such as oral contraceptives and dilation and curettage.

In the Andes, Quechua-speaking women privilege indigenous female knowledge about menstruation and female-related syndromes. Hammer reports that this knowledge is often hidden and passed among female kin. These women apply ideas of bodily humoral concepts in the regulation of menstrual flow, with the amount and duration of flow being indicators of fertility potential.

Cosminsky addresses the issue of midwives and authoritative knowledge in treating delayed menstruation in rural Guatemala. She argues that midwives, with their ability to negotiate the ambiguity of delayed menstruation, serve as agents of social control, reinforcing local values as well as perpetuating ethnomedical knowledge and principles. She suggests that because their knowledge is denigrated by biomedical authorities and midwifery training courses, this knowledge may be dying out.

The articles in this volume eloquently show that women attempt to regulate their menstruation for a multitude of reasons the nuances of which have often been neglected. Revealing new ways of looking at menstruation and new aspects of the contexts in which menstrual practices are embedded, it significantly further our understanding of the issues that shape women's reproductive experiences and practices.