The Impact of Globalization on the Perceptions and Practices of Menstruation among Indigenous Women in Peru

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The Impact of Globalization on the Perceptions and Practices of Menstruation among Indigenous Women in Peru

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Abstract: The existing perceptions and practices of menstruation on the island of Taquile in Lake Titicaca, Peru provide insights into the manners in which globalization can challenge and shape perspectives in indigenous communities. Through the framework of globalization as polarization, hybridization, and homogenization, this study explores the impacts that changes in menstrual practices and perceptions can have on female health outcomes, agency in the community, and education efforts. Viewpoints of menstruation distinctly differ according to gender and age, yet ultimately point toward the concept that all three lenses of globalization provide explanations for menstruation in the community of Taquile.
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Chapter 1
Introduction

A woman in London recently completed a marathon by “free bleeding” and broadcasting this fact that she chose to use no form of tampon, cup, or pad after realizing she would be menstruating during her race. This was met with a host of opinions, criticisms, and discussions regarding how we as a global community perceive, practice, and discuss menstruation. Despite the fact that it is a process of the body that occurs in the lifetime of over fifty percent of the world’s population, menstruation remains a topic often shrouded in secrecy in societies ranging from the Western world to indigenous communities in South America. This process of the female body has been met with reactions from utter fear to celebration in cultures throughout time and space, yet currently, a dearth of research on menstrual health exists with little investigation undertaken in ways to improve the technology, practices, and perceptions of menstrual health globally. Regardless of the lack of current investigation, the discussion surrounding menstrual health holds implications for the future health, safety, and empowerment of women worldwide.

The increased influence of globalization on cultural perspectives is evident in a number of cases, and is especially critical in perspectives on menstruation. As globalization continues to play a prominent role in the dissemination of medical information and practices, its role in challenging norms but also spreading perspectives can pose challenges with indigenous cultures. Globalization is an inevitable facet of life in indigenous communities that have introduced tourism as their main economic industry, but the way in which it affects the lives of women and their reproductive health can vary. Intentional policies and actions in regards to globalization can
provide a manner in which globalization will positively support cultures, empower females, and allow for greater access to health knowledge and resources.

For the purposes of this paper, globalization will take on an inclusive definition that considers it as “the process of increasing interconnectedness between societies such that events in one part of the world increasingly have effects on peoples and societies far away.”\(^1\) Although it began as a term for political and economic purposes, it has developed into a broader term with its own theories and models for explaining processes of the world. Globalization’s influence on marginalized populations is of particular consequence for the purposes of this study. Thus globalization holds the potential to profoundly influence individual communities and social groups existing within those very communities.

The questions thus presented in the case of indigenous Quechua speakers on the island of Taquile are threefold. Primarily, how has globalization affected *perceptions* of menstruation on the island? Moreover, how has globalization influenced *practices* regarding menstruation? The answer to these two questions will play into the last critical question. This final question asks whether or not indigenous communities responded to these global influences in ways that indicate gender empowerment or conflict? These questions will be explored as they relate to the health status of women, female agency of Taquileña women, and the ability to obtain education.

**Justification**

Exploring globalization’s role on menstrual practices and perceptions holds importance for a number of germane reasons. While increases in conversation regarding menstrual health and women’s reproductive health have been celebrated by communities, there is no one way that this conversation can or should take place. Discussions and actions regarding menstrual health

\(^1\) Fidler, 2001
depend on the community that contextualizes and informs the perceptions and practices present. Thus, while on one hand menstrual health and knowledge regarding it is a women’s rights issue, in the case of indigenous women it also calls into question challenges regarding preservation of cultural practices and beliefs. Globalization stands to challenge both of these matters, and therefore careful examination of its role in communities is critical to understand how to effectively globalize in ways that are appropriate for local communities.

Moreover, gaps in understanding and access to reproductive health knowledge present the reasons that research into health perceptions and practices in individual communities and cultures is so necessary. The dearth in research regarding cultural understandings of menstruation points to precisely why research on this matter is so critical. Lack of substantive content and discussion of menstruation point to the fact that a lack of access to education on reproductive health and the mystery of the process inform the perceptions surrounding it in all communities, from Western to indigenous. In cultures around the world, a lack of education prior to menarche, the start of menstruation in young women, holds negative impacts for both men and women. An overall lack of adequate sexual health education for youth contributes to a host of issues in various societies. The manners in which young men learn about menstruation and the nature of it creating a sort of “gender gap” in societies directly contributes to misunderstandings of female development.\(^2\) In some societies, the gendered nature of sexual education contributes to the creation and continuance of a gap and even subjugation of women. This results because of the way in which this divided education focuses only on differences in sexual reproduction between females and males, and assigns values to these processes. In the case of indigenous communities, education on health is further layered with the nuance that education from a

\(^2\) Allen et. al 2011
Western approach may not necessarily meet the needs of the population. This stems from the fact that Western sexual education has certain biases that are not always inclusive of the cultural perspectives that inform indigenous viewpoints, such as the celebration of the moon in Quechua cultures.

Moreover, a gap in research on female reproductive health exists as a whole, but particularly in examination of the conflict between globalization and specific cultural traditions. Without adequate research on the existing cultural perceptions and practices about menstruation, there is a dearth in understanding of how globalization can influence these perceptions.

Essentially, there is a lack in information about the foundations and thus it is difficult to build upon those with further research. When development policy makers and program designers set out to work with health issues of the “developing” world, they often do not include a rights based approach to sexuality or the critical nature of a woman having control of that sexuality.\(^3\) Issues in this realm, such as menstruation, are often considered “secondary” to other programs such as child immunization or other programs that appear to be more cost efficient and have visible, more rapid results. Although a Society for Menstrual Cycle Research seeks to pursue ethical research in menstruation, it exists as a non-profit of volunteers who represent a limited interest group. This is natural when considering the fact that it operates on limited funds and must pursue research projects that meet its immediate needs. However, its somewhat limited scope entails that research on menstrual practices and perceptions in cultures that are already marginalized is not always pursued. In regards to indigenous population of Latin America for instance, research tends to focus on traditional medicine and healing as a broader whole rather than focus on the intricacies of female reproductive health.

\(^3\) (Bant and Girard 2008)
Research into the influence of globalization is also key due to the need to investigate culture and indigenous communities as a whole. Peru’s government has estimated that the population of Peru is made up of 45% indigenous peoples. In particular, it is important to explore globalization’s impact in communities in Peru that have recently opened themselves up to ecotourism or other tourism activities. Globalization can pose many positive affects on communities by providing visibility and thus a political voice that did not exist before opening their communities up to tourists. 4 This can lead to more agency in other decisions such as what public health projects ought to be implemented in indigenous societies. However, it can also lead to challenges in the fact that Western tourists often seek what they presume is an “authentic experience,” and hold the economic power to do as they please in a culture that might not share all Western values. 5 This has been referred to as a “prostitution” essentially of the indigenous culture as suddenly it becomes a product that can be bought and sold. Therefore, research into these cultures and their values is critical for preserving aspects of that culture. This is particularly necessary in the case of Peru, where tourism has continued to be a driving force in globalization spreading to a variety of communities.

Moreover, women’s empowerment cannot be understood without considering the intricacies of their values, beliefs, perceptions, and practices when it comes to menstrual health. Without access to detailed education about reproductive health, making informed health care decisions is not always possible. With indigenous women in particular having poorer reproductive health outcomes than the whole population, clearly research must be pursued to explain why this might be the case. 6 By approaching issues of female empowerment from

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4 Kunitz 2000  
5 McLaren and Perua 2011  
6 Bant and Girard 2008
multiple perspectives, this perspective will consider both the view of Western biomedicine as well as traditional Quechua medicine. Moreover, women’s empowerment as a subset of indigenous empowerment in the case of Quechua women has little data, and pursuing the stories of these women and their role in their societies is key to understanding the role of globalization on the culture as a whole. Inclusion of their reproductive health stories is a key aspect of this, as it speaks to how health perceptions and practices have spread with globalization.

In an edited volume on culture and menstrual health, Gottlieb and Buckley’s *Blood Magic* details that the existence of a menstrual “taboo” is universal but has meanings that are multivalent and ambiguous. In this case, the taboo discussed refers to the general idea that menstruation is not openly discussed in cultures all around the globe. However, the way in which people do or do not discuss menstruation varies according to cultures and even individuals. Thus, when examining menstruation, it is crucial to view it as a culturally bound phenomena apart from its biological process. When exploring the issue in the case of indigenous women in Latin America, their poor reproductive health outcomes and the obstacles to the obtainment of adequate health services from a biomedical standpoint present cases as to why further research is necessary on the matter. Quechua women in particular struggle with increased discrimination in accessing care on account of their socioeconomic status, indigenous status, and gender according to a report conducted in 2015 by Nguyen. Government data obtained in this study points to higher rates of pregnancy among Quechua teenagers in Peru, with over 13.4 percent of women between the ages of 15-19 years old already being pregnant or young mothers. This was attributed to lack of sexual education and contraceptives, and the persistence of traditional perspectives of the general population of Quechua women. In short, there are gaps in access to

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7 Nguyen 2015
information to make informed health decisions in many cultures because menstruation and reproductive health are not always openly discussed.

Moreover, this study has implications for women’s empowerment because of the manner in which the Peruvian government has addressed both the marginalized indigenous populations and women in the communities. In 1995 under the Presidency of Alberto Fujimori, a nation-wide family planning initiative was undertaken in Peru which was actually a guise for sterilization based on coercion. These policies were thus focused on alleviating poverty by force and in ways that infringed on the rights of indigenous women. They reflect the manner in which fragmentation existed, and to an extent continues to exit, between those who identify as “indigenous” and those who do not. With this recent history, efforts to develop reproductive health strategies in indigenous communities are thus understandably met with suspicion and difficulty. When mixed with the religious influence of Catholicism in Peru, women in indigenous communities face numerous obstacles to accessing reproductive healthcare. With this in mind, studies that analyze perceptions and practices today are critical for continuing to provide ways to access adequate health care.

With these important aspects to this research in mind, it is also prudent to look to how gaps in access to information about health and healthcare in general can mirror other discrepancies that exist in a society. These include a number of gaps, such as the disparity between the wealthy and the poor, the urban and the rural, male and female, the educated and those without formal education, and in the case of Peru those who identify as indigenous and those who do not. In particular, female demands over their sexuality are viewed as “urban,

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8 Boesten 2007
9 Gold and Clapp 2011
middle-class priorities” and are not viewed as important to rural and indigenous women who are presumed to be occupied with the life and chores of their small scale communities.\textsuperscript{10} However, gender inequality, gender-based violence, and a lack of overall sexual rights were voiced in studies as being clear obstacles to the obtainment of health and wellness. Thus, the issue of access to information about women’s reproductive health extends far beyond the distribution of community appropriate knowledge, but are reflective of other gaps and biases that exist in societies.

Thus the importance of research on menstrual health in practices and perceptions is multifold, with particular importance of the role of understanding and access among indigenous women. By first understanding the practices and perceptions at play and working to examine these as within their own cultural bounds, one can then view the role of globalization on these practices and perceive access issues from an emic viewpoint. This entails looking at menstruation from within the culture being studied itself, and not solely using outside perspectives to project a view on the culture and community within.

Cultural understandings

The perceptions and practices of menstruation are informed by a majority of factors, and are influenced by societal and cultural understandings. Moreover, to understand the role of globalization on perceptions and practices of menstruation among indigenous Quechua women, it is key to understand some of the existing research case studies and perceptions that exist.

When considering menstrual perspectives, it is important to note the role of explanatory models as ways to explain why and how these perceptions and practices exist. This includes

\textsuperscript{10} Bant and Girard 2008
Arthur Kleinmann’s theory that there are modes through which cultures and societies explain health and disease, and these can differ greatly community to community. When understanding that each society explains phenomena such as menstruation according to their own experiences, values, and other influential factors, the role of globalization on these perceptions and practices is better understood. Explanatory models are thus not static but inherently dynamic, and can alter and change with time. These explanatory models serve to explain the modes through which societies view functions such as menstruation, as some may view it through the lens of it as a disease or ailment and others may view it as a means for celebration.

The Western approach

The dominant narrative about menstruation in the United States has roots in the biomedical explanatory model. Menstruation from a biomedical definition comes from a Latin word for “each month” and occurs when the hormones in the pituitary gland in the brain are activated in the reproductive cycle. It involves a shedding of the uterine line accompanied by then telltale sign of blood. The process has been typified to be in cycles ranging from 25 to 36 days, with only 10 to 15 percent of women having cycles that last exactly 28 days. This entails that at least 20 percent of women have cycles that are considered “irregular.” However, when considering these cycles and the studies that inform this information, it is also key to bear in mind that studies informing these have not always focused on populations that are representative of the whole of the global population.

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11 Kleinman 1980
12 Knudtson and McLaughlin 2016
However, studies indicate that a biomedical understanding of menstruation among girls and women in the United States is lacking. Women are not necessarily knowledgeable about menstruation, and the education that is provided sends conflicting messages that it is both a natural and normal process but also that it needs to be hidden from the general public. In a study of young women, results indicated that attitudes about menstruation led to self-objectification, body shame, and overall lack of agency when it came to sexual decision making. The researcher blamed this on a lack of education and preparation for menstruation as a whole. In general, attitudes in the United States reflect this confusion due to a lack of education provided on the biological process of menstruation, even though this is arguably the way in which menstruation is explained to the general public.

While in recent years’ efforts have been made to destigmatize menstruation in the United States, as a whole it remains a hidden aspect of femininity. In one study about menstrual perceptions, women were told to “accidently” drop either a hair tie or a tampon from their bag. The results indicated that those who dropped the tampon were considered to be less competent, faced decreased approval, and even caused some participants to avoid sitting close to her. This study explains these perceptions in the context of the way in which women and girls are expected to not talk about menstruation in blatant terms in the United States, but rather use negative euphemisms to describe it. Meanwhile, psychological research has not focused on menstruation’s meaning in culture and how these attitudes affect perceptions and practices. These studies and others indicate that even the supposedly biomedical interpretation of menstruation that exists in

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13 Stubbs 2008
14 Roberts et. al 2002
the United States does not fully encompass the reality of the Western perspective, although it remains that framework through which menstruation is explained and generally understood.

The biomedical understanding of menstrual perceptions, however, is by no means universally the way in which cultures and people have come to arrange a set of perceptions and practices of this phenomena. As aforementioned, cultural perceptions and beliefs inform views of menstruation. Moreover, these views of menstruation are often not static but are dynamic in nature, as they shape according to a number of factors, especially globalization and the dissemination of information.

The Baruya culture

A cultural perspective distinct from the Western viewpoint, the Baruya culture’s concepts of menstruation offer insight into differing views and models of explanation in the world for menstruation in a number of ways. In their perceptions, the moon influences a young girl’s puberty and begins their first period. In this belief, the Sun aids the moon, and this is represented in a ceremony when a girl begins her first period, in which a man who is usually the girl’s mother’s brother pierces the girl’s nose. This is due in part to the idea that menstrual blood is considered dangerous to men, as it is a threat to both their health and overall strength. In fact, it is perceived that a woman who wants to kill her husband might sneak menstrual blood when preparing food.\(^{15}\)

Furthermore, when a woman is menstruating, she cannot live with her husband but instead resides in a hut that is at least ten meters from the house and is usually located outside the village. This is a space that men are forbidden from entering and is used additionally for women when they give birth. Thus, representations of menstrual blood are directly connected to the

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\(^{15}\) Godlir 2011
legitimacy of male power in Baruya society according to Godlier. Godlier points to the fact that when he asked why women cannot own salt, weapons, land, and other pieces, a man answered that it was due to the “blood running down their thighs.” He describes men as becoming nearly “hysterical” when discussing menstrual blood and that it is seen as opposing any fluids of the male.

These perceptions and practices establish the manner in which these can contribute to either female empowerment or the lack thereof. The Baruya demonstrate the complex ways in which belief systems interact with representations of the body, and how the body as well as menstruation can come to be a symbol as it is a part of ritual and spirituality. This example thus ties into the representations of the female body in the context of indigenous women in rural Peru, as both cultures offer connections between the human body and nature. Moreover, both offer representations of the body as informed by culture and belief systems.

Aymara and Quechua

Another case that sheds light on cultures that define and shape menstruation according to their values and perceptions is the case of the Aymara located in South America. The Aymara as a collective indigenous group defined by a shared language have been studied in a number of projects that describe their menstrual perceptions and practices. These studies are particularly relevant to the case of Quechua women as they share geographic proximity and some shared history.

A number of ethnographies detail key elements that inform perceptions and practices of menstruation. One observation of the Aymara case describes the later age of menarche which is the start of menstruation. This was attributed to poor nutrition and possibly climatic factors
related to the high altitude of the Andes.\textsuperscript{16} This is coupled with an observed suspicion of Western medicine and practitioners of this type of medicine by the Aymara people.\textsuperscript{17} While many of these studies were conducted prior to recent years, they offer information regarding how globalization has been occurring in populations over time and how the past informs current perceptions and practices. For instance, usage of contraceptives was minimal in the studied populations of Aymara women despite efforts by governments in the Andes to make reproductive health services more readily available. In the case of menstruation specifically, women used herbal infusions in an effort to regulate menstruation but would not openly discuss matters related to their reproductive health. In society, it was viewed to not be a topic of discussion among spouses, families, friends, or health care providers. In the responses that were received in this study, at least two-thirds of the women said that they received no clear information or assistance in understanding menstruation or reproductive health when they were growing up. However, changes in society are increasingly testing gender norms and thus women are more actively seeking information about their bodies little by little.

\textbf{Mayan Culture}

The Mayans of Guatemala offer a different explanation of menstruation that has deep connections to the theories from European colonialism in a manner similar to that of the Quechua in Peru. This connects specifically with a humoral theory that persists. Concepts of “Wet” and “Dry” inform the ideas behind diseases, and these further form distinct senses of “good” and “bad” which impact how menstruation is viewed by general society. For instance,

\textsuperscript{16} Dittmar, Manuela (2000)  
\textsuperscript{17} Schuler et al. 1994
these views make it so that women are not expected to touch or bathe in cold water as it could impact menstruation by leading to “detención.” Ideas of menstruation is understood in part by this notion of the “detención” in which which a woman experiences a delayed menstruation that is not necessarily a pregnancy. With challenges such as these, midwives hold a special importance in this society due to their particular knowledge of herbs that are used for menstrual retention. Some of these same herbs such as quinine and atemsia are used in treatment of malaria as well, due to the concept that both anemia and malaria are understood to be diseases of “weakened blood.”

The Mayan example thus demonstrates the manner in which European beliefs and theories have come to influence or resemble indigenous beliefs. The ideas of body humors or concepts of “hot/cold” or “wet/dry” tie into the specific views towards what nourishes and sustains the body, such as foods or behaviors. Beyond these beliefs, the body and perceptions of it inform other social norms in the society, such as female involvement in economic, social, and political spheres. The privacy and domestic life of women typically thus offers insight into why topics of female sexuality are not openly discussed. In particular, past research indicated that discussion of menstruation prior to menarche is forbidden in society.

Theoretical Perspectives

With these cultural examples in mind, it is apparent that different societies offer variant perspectives on what menstruation is and how it ought to be understood. Three theoretical perspectives offer modes of analysis to study the influence of globalization on menstrual practices and perceptions. These perspectives have foundations in the work of Robert Holton

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18 Cosminsky 2001
who offers three disparate interpretations of cultural consequences of globalization. These three are categorized into polarization, homogenization, and hybridization.\textsuperscript{19} Each provides a framework through which to answer if globalization poses impacts in society that can enable female empowerment or otherwise.

**Polarization**

The first theoretical perspective that will be used to analyze globalization’s influence on menstruation utilizes the viewpoint of cultural relativity by way of polarization theory. In this sense, polarization involves the lack of integration of multiple cultures. In this model, Western biomedicine remains in a sector separate from the traditional medicine of a particular indigenous group. It is thus a model by which one understands beliefs about menstruation in a particular culture as informed by solely that culture. By considering menstruation in this light, the existing perceptions and practices can be viewed as either enabling female empowerment or not.\textsuperscript{20} By this view, conflicts between countries are essentially inevitable, and could lead to catastrophic results in extreme cases. This relies on casting each culture into its own light, for instance viewing the United States as “the West” and countries such as those of the Middle East or Asia as “other.”

This is evident in the case of European contact with native peoples for instance.\textsuperscript{21} The case of European contact with indigenous societies in Amazonia in particular provide insights into the way that polarization can provide for preservation of a culture. Certain Amazonia groups strived to remain isolated, although not all could escape the introduction of measles, influenza, and malaria. While the study by Walker argued for introduction of health care services as the

\textsuperscript{19} Holton 2000
\textsuperscript{20} Howson, Alexandra 2009
\textsuperscript{21} Walker et. al 2015
answer to resolving deaths by these disease, other groups have taken the approach to remain without contact with outside actors.

In this manner, maintaining culture as it has been practiced, and not allowing influences of globalization to take affect on the island of Taquile would be considered the best way to ensure the continued norms of society without changes in customs as proposed by Western viewpoints. Therefore, when considering the polarization theory, one of the most extreme cases of polarization as a cultural, economic, and political mechanism exists in the case of North Korea. By isolating and refusing infiltration of outside cultures, North Korea has more or less kept itself in its own nationalistic identity.

This holds that the practices in place must be valued and respected with minimal interference, and that in this manner globalization poses a genuine threat to the manners in which the existing perceptions and practices regarding menstruation can empower females and ought to be respected in their unique cultural context. This perspective celebrates the cultures at hand in their own form, and would thus not perceive interference to alter viewpoints towards menstruation as a practice worth undertaking.

This perspective holds merit for a number of purposes particularly when considering that in the past, what minimal research that does exist on menstruation focused on the idea of an “oppression” that surrounded it. This does not necessarily consider the perspective of the person living that experience, and thus cannot fully encompass or understand the perceptions and practices in a way that honors the women in the culture in their own words. For instance, initial analysis of the isolation of menstruating women into huts or far off shelters in cultures viewed the practice solely as a form of suppression. This failed to consider that these areas can also be a

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22 Buckley and Gottlieb 1988
way of solidarity for women. For instance, women of the Mogmog Island continue the practice as a break from their usual labors and tasks, while other cultures in Surinam have left the practice in the past because the women opposed it. In this way, a lack of interference from globalization could actually promote female empowerment in the social, political, and culture context already in place in ever dynamic communities throughout the world.

**Homogenization**

An alternative perspective of homogenization is arguably the most popular viewpoint about the impact of globalization. The concept of homogenization of cultures in globalization posits that multiple cultures will eventually converge to a common set of perceptions and practices. One such form and way that this is argued to be taking effect can be viewed in the case of McDonald’s, and what has been referred to as the “McDonaldization” of global cultures due in part to the global economy. While McDonald’s is one case of a United States company that has grown to multinational levels so much to the point that nearly every country at least knows of the fast food restaurant, this case can be viewed in other businesses as well. However, other cultural influences from around the world can also harbor strong influence on another culture. The global success of soccer, for instance, and the claim that multiple cultures have to creating it offers just way in that a more homogenized cultural phenomenon has become globally relevant.

For the purposes of this study, the prospects of what it might mean to homogenize healthcare is key. The hope and possibility of improving access to biomedical healthcare is one of the pressing hopes of globalization. This is due to the nature of globalization reshaping understandings of a community in ways that promote better health and wellness. Therefore, globalization as a means of access to health is another key frame through which to examine the

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23 Holton 2000
influence of globalization on indigenous perceptions of menstruation. This study thus takes a nuanced approach of the homogenization perspective, in that continuing globalization especially in regards to the spread of biomedical technology and health will benefit the practices and perceptions of menstruation among women on the Island of Taquile. Globally, governments have pursued policies that integrate Western medicine in hopes of social advancement, capitalistic endeavors, and development.\textsuperscript{24}

Homogenization as a globalization practice typically involves making the Western cultural practice the dominant one. In the case of menstrual practices and global health, for instance, Western biomedicine would be the first solution that indigenous peoples would turn to for health consultations.

Hybridization

The final theoretical and empirical approach to understanding globalization looks to the framework of hybridization. This has also been referred to as syncretization, and focuses on the intercultural exchange that allows for incorporation of elements from a variety of cultures into the practice of another culture.\textsuperscript{25} This exists in a global sense when we examine the cases of migrant workers, aid workers, journalists, and global businesspeople and their interactions with multiple cultural understandings and frameworks. Such a perspective might also imply that most cultures are already so intermixed that separating cultures into distinct silos is more impossible than not.

One prominent example of the way in which hybridization occurs is evident in religious practices as they occur in certain cultures of Latin America. The Spanish conversion efforts

\textsuperscript{24} Baer 2003
\textsuperscript{25} Holton 2000
essentially created a syncretized version on Catholicism in the area. For instance, on the Island of Taquile a Catholic “mass” is held every Sunday, without a priest and in Quechua that has not officially been translated by the Vatican. Instead of the exchange of the body and blood of Christ through out the mass, worshippers pass around coca leaves in a traditional sign on comradeship for Quechua peoples. Moreover, Quechua speakers in the Cuzco region utilize religious texts and education in Quechua as a means to preserve the language in a city that predominantly operates in Spanish in day to day circles.\textsuperscript{26}

Hybridization can pose lasting impacts for approaches to health care for a variety of communities. In the case of health access and measures among indigenous cultures, this hybridization really takes on the form of medical pluralism.\textsuperscript{27} In this manner, elements of both traditional practices and perceptions can then be incorporated with the influence of Western thought and globalization in ways that can preserve culture while also introducing elements of biomedicine. Medical plurality would include integrating aspects from Western biomedicine such as pills and scientific theory, with traditional knowledge on plants and herb-based remedies. In the case of menstruation, hybridization could provide an explanatory model that incorporates elements of traditional views such as viewpoints on the role of nature in life and roles of women in society, as well as biomedical perceptions and practices of hygienic care and reproductive processes.

With these perspectives in mind, we return to the central question of this study. The impact of globalization and perception and practices of menstruation has variant interpretations according to the three theories. This study will examine how communities on the island of

\textsuperscript{26} Piedra 2009
\textsuperscript{27} Gold and Clapp 2011
Taquile have reacted to globalization’s forces. Moreover, it will look at what perspective, polarization, homogenization, or hybridization, is prevalent or is emerging on the island. Lastly from these views, we can see women’s empowerment on the island within the context of the story of globalization currently in the community. These can be viewed through observation and discussion of the impacts globalization holds on women’s health, agency, and access to educational attainment.

**Methodology**

The structure of this research provides descriptions of the influence of globalization on the Island of Taquile from the three aforementioned theoretical perspectives of homogenization, polarization, and hybridization. The author obtained this information and data by using ethnographical techniques including observations, informal interviews, and a focus group/workshop. For interviews and the focus group, informed consent forms were signed prior to answering any questions, and the nature of the study was explicitly explained. Some names in the study are thus changed at the request of the informant as a measure to protect identity and respect the wishes of the speaker.

The author made participant observations in the community for a total of three weeks to collect data about the life and interactions of the Island. These observations were supplemented by living with a family in the community made up of a valued political figure of the Island, his wife, and their two daughters ages eleven and eight. Locations for these observations of life on the island in regards to menstruation included the central Plaza on the top of the hill of the Island, the Centro de Salud (Health Center), the local school, and by invitation in the homes and shops of men and women on the Island. These areas were crucial as both men and women
appeared to be most comfortable talking openly about female reproduction when they were at their place of work or residence. These spaces are also the areas in which women experience reproductive health from the start of menstruation often at home or at school, to child birth at the Centro de Salud, and the eventual end of their menstruation.

All interviews were recorded with the permission from the informants, and then transcribed into text (See Appendix 1). Questions began with basic information such as name and age, and turned to open ended questions such as “What is menstruation?” and “From whom/when did you first learn about menstruation?” The interviews then continued informally as questions relating to perceptions of the moon and menstruation were asked, or questions about whether or not women felt confident enough to ask for pads to a male shopkeeper. These depended on the gender of the interviewee and their level of comfort or discomfort with the topic. For interviews with town leaders such as the principle of the school, a health care working in the Centro de Salud, and a visiting OB/GYN, the questions were a bit different and more structured to focus on their specific expertise on certain aspects of the Island and its relation to female reproductive health. For instance, questions about girls’ participation in class were related to the principle, but questions about biomedical perspectives were asked to the medical professionals in more detail.

The focus group occurred with the permission of the school, principle, and families with young women enrolled in the local secondary education system. These young women were not initially as vocal about their experiences when their teachers asked questions about their experiences with menstruation. In addition to being discussion based, the focus group also implemented portions of written word and artwork from the young women as a means of

28 See appendix A for questions and answers
expression, since many participants were better able to express their sentiments via alternative forms of communication.

With the context of prior studies, this study hopes to add a layer to the increasingly visible global emphasis on women’s issues including their menstrual health. The process of globalization has impacted numerous aspects of cultures worldwide, but the influence of it in particular on women’s perceptions and practice of self, particularly when it comes to menstruation, remains virtually untold in an academic setting. Thus, by voicing the thoughts and answers of women and men on the Island of Taquile about their experience regarding menstruation in existence, symbolic nature, and the practices surrounding it, hopefully some insight can be added to provide further analysis and context to the ways in which men and women shape their perceptions about reproductive health.
Chapter 2

In order to understand the role of global influence, particularly of Western medicine, on the practices and perceptions of indigenous women it is critical to have the context that informs these. The political and economic climate as well as the history of Peru provides insight into the previous, existing, and future perspective of menstruation and reproductive health. The policies that stem from these conditions further inform the way that indigenous women perceive their health. Thus, understanding perceptions and practices regarding reproductive health and menstruation among Quechua women in Peru requires far more than these two topics. The intersectionality of politics, religion, and culture must be understood in order to form the necessary context to provide a look into how future reproductive health efforts might influence life for indigenous women and the general population. In the case of the Quechua women studied on the island of Taquile, their geographic location also plays a pertinent role in the type of care that they receive. The purpose of this chapter is to explain more specifics of Quechua women of the Island of Taquile, and to gain insight into how a diverse number of influences informs their views toward their reproductive health.

The Andes

Cosmology and religion

The relationship of indigenous peoples in Peru with their Andean surroundings has increasingly faced complications with the economic development, political influence, and social changes occurring in the region. The healthcare system and its relationship with the more traditional healing methods of Quechua groups is all the more complex when considered in this complicated context.
An understanding of the health system of indigenous groups in Peru requires an understanding of the existing cosmology and religious beliefs. A number of practices and beliefs are based in pre-colonized traditions.\textsuperscript{29} The most central cosmological force exists in la Pachamama, or “Mother Earth.” It is this belief in the powerful Pachamama that explains how cosmology informs healthcare systems and life itself in Andean communities of Latin America. The strong ties to Pachamama are in part what has allowed belief in it to continue despite past Spanish colonial influence and the ever present forces of globalization on communities. Moreover, ties to Pachamama and her historical significance from Incan times represents the persistence and resilience of Incan history, as well as the early importance of the feminine figure in Andean life.\textsuperscript{30}

Pachamama as the Mother Earth is the “sustainer of life.”\textsuperscript{31} She holds the power to both give and destroy life. Other aspects of nature also play a role in Andean cosmology and are a part of the grander Pachamama. The “Apus” are mountain deities that can be male or female and have personalities as well as crucial roles to sustaining human life. They guard animals but also watch people’s actions. With a host of other aspects of nature that come into play with Pachamama, its role in the understood wellbeing of Quechua speakers as well as in gender roles, political power, and economic participation is apparent. As Pachamama is considered to be a force that remains a part of everything and holds power in everyone and everything, her presence naturally fits into traditional healing. Globalization withstanding, Pachamama as a central part of life remains a driving force in decisions and systems in communities. Moreover, by understanding everything as being tied deeply and richly to the natural world, practices and

\textsuperscript{29} Wolff 2014  
\textsuperscript{30} Di Salvia, Daniela 2013  
\textsuperscript{31} Bolin. Rituals of Respect: The Secret of Survival in the High Peruvian Andes.
perceptions of menstruation can be better understood as a part of this larger context. For instance, just as economic success is tied to how one respects and thanks mother earth, menstrual health is tied to one’s connection and offering to the land. To separate any aspect of life on the island from the role of nature fails to acknowledge the powerful context that nature provides for understanding the world.

An integral aspect of the rituals of Pachamama as well as a key aspect of community building centers around the coca leaf. An understanding of the coca leaf’s importance in Quechua society aids in explaining its medicinal importance and the general importance that nature has in health and menstruation. Part of the importance of the Coca plant centers around its role as a tea that “Da Vida” or gives life. In traditional beliefs it provides a means to communicate spiritually with the gods and with spiritual guides. As such, this plant and its numerous uses provides further insight into the traditional medicinal practices and understandings of the body. Although cocaine is in fact derived from coca plant, the medicinal components of its traditional usage in the Peruvian Andes are numerous. Beyond having uses to cure altitude sickness, the stimulatory nature of coca also has been used to combat stomach pain, intestinal issues, nausea, indigestion, as well as constipation or diarrhea. It has further had medicinal uses for hunger treatment. Those with more knowledge of the countless uses of coca and other plants in Peruvian indigenous groups are thus considered crucial members of the community, and this powerful knowledge that can be held by women ties in to gender roles and perceptions. In Quechua society, coca is a rich symbol of the community and both an offering to mother earth but also a show of solidarity with others. Again, this connection with nature and its

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32 Martinez Agudelo, Jose Fernando 2009
33 Biondich and Joslin 2016
feminine traits and powers provides understanding into the way in which menstruation is perceived and treated.

In this way, the coca plants and others form the basis of a more traditional approach to healing and health. The term traditional medicine can encompass a number of practices, beliefs, and remedies, but it is helpful to settle on one understanding. The United Nations defines “traditional medicine” as:

“The sum total of the knowledge, skills, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness.”

Although traditional medicine is no longer the sole method of healing among most indigenous groups in Peru, to completely negate its role in society and the community would create a number of complications. Andean culture typically values the body not just as an independent being but as a part of a natural, spiritual, and physical world. With this in mind, medicine is far more than the idea of treating an ailment and is far more about the role that the body plays in the world around it. This ties in to how menstruation is perceived and cared for, in the sense that when one perceives it as a form of ailment or illness then it is treated in a manner that reflects that viewpoint.

Despite the influence of nature in traditional Quechua faiths, the influence of two religions in particular have a role on the Island of Taquile. More recently, the rapid rise of Seventh Day Adventism has allowed it to become a competitor for Catholicism on the island, although when prompted about this development Taquileños provide no clear-cut answer as to when it arrived or who brought these religious views. However, Catholicism is very much a part

34 Wolff 2014
of Peruvian society and beliefs as a whole, and has also permeated life on the relatively isolated island. Conservative Catholicism, for instance, has played a role in developing policies toward abortion.\textsuperscript{35} Generally speaking, political leaders in Peru have been vocally against family planning initiatives on both sides of the political spectrum. However, early feminist groups such as Action for the Freedom of Peruvian Women and others protested in the 1970s and 1980s about the suspension of reproductive health services and the criminalization of abortion.

Interestingly, despite the fact that approximately 80 percent of Peruvians identify as Roman Catholic, the usage of contraceptives remains rather high.\textsuperscript{36} Still, abortions are only allowed in cases where it can be believed that the life of the mother is in danger. This entails that access is very limited especially to those women who live in indigenous communities. Rates of maternal mortality in Peru are among the highest in Latin America, with hundreds of thousands of women a year pursuing illegal, clandestine abortions. In general, any numbers of abortions both by inadequately trained professionals or through self-induced methods are dramatically underreported due to fears of legal trouble or social stigma.\textsuperscript{37} Women have been known to ingest dangerous amounts of quinine, purposely fall from great heights, or insert harmful objects into their bodies in order to abort fetuses which can in turn cause death in extreme cases as well as intense feelings of guilt and social stigmatization should others discover.

According to a study in 2012 of indigenous women in Latin America, normally decisions to abort were based on situational conditions and circumstances. This also must be understood in the context of what both “choice” and “consent” means in different communities, as in many

\textsuperscript{35} Cáceres et al 2008
\textsuperscript{36} Cáceres et al 2008
\textsuperscript{37} Wurtz 2012
cases women were not given a voice or decision into whether or not to have unprotected sex.\textsuperscript{38} Moreover, situations such as abusive domestic partnerships, poverty, and lack of access of adequate healthcare services can also lead to decisions about pregnancy termination. This has particularly been the case in Peruvian indigenous communities, as issues of economic development are directly tied to issues of gender inequality.\textsuperscript{39} Although rights in sexual and reproductive health have often been deemed more urban and middle class concerns, the findings from workshops with Andean women illustrate that control over sexual rights could positively impact livelihoods for everyone in indigenous communities. Therefore, religious views and related traditional gender roles directly play in to women’s health and the perceptions that both men and women have of a woman’s body.

Gender roles are apparent in the posters in the Health Center of Taquile that indicate that gender violence and “Machismo” systems are a reality for many on the island. Discussion with the visiting doctor and observations in her work indicate that indeed women have little to no voice when it comes to biomedicine and their health. When I entered the doctor’s office to interview, she was in the process of convincing a mother and her son that they needed to get on the soonest boat to Puno to obtain medical care. However, the mother refused to sign off on a paper from the Doctor expressing this need for care unless she had discussed it with and brought in her husband. According to the doctor, this type of interaction occurs regularly and is a direct result of the fact that women do not have the agency, education, or empowerment over health of themselves and their children. While this of course can also tie in to dark histories from the Peruvian government towards indigenous peoples and language barriers between patient and

\textsuperscript{38} Wurtz 2012  
\textsuperscript{39} Bant and Girard 2008
doctor, it is also indicative of the ways in which women and men have different roles and power
dynamics.

This gap in voice and agency in health can affect women’s health and menstruation in
very dramatic ways. For one, a women’s control over her health and especially over her
reproductive health can give her the power to make important decisions about childbirth and
childrearing. Beyond this, the doctor for the island mentioned that often times cancers like
uterine cancer go ignored because women cannot voice their health concerns and issues or seek
the appropriate medical care without the consent of their husbands. This relates to a lack of
ability to receive a regular Papanicolaou smear to test for cancers and other diseases. The doctor
indicated that this might stem in part from a mistrust between “women of the city” and the
people of Taquile, and that men of the island perceive these screenings as only for “women of
the city.”

One of multiple posters warning against gender violence on the island. Translates to “A woman is not an object”
Politics and economy

The relationship between indigenous peoples and their surroundings also has increasingly included the influence of the Peruvian government and policies, with policies particularly impacting women’s health. Policies have introduced government schools, law enforcement, and health efforts to indigenous communities, and thus give national power over formerly autonomous groups. Moreover, an economic boom of the 2000s has created a rapidly growing economy that attracts foreign investors who wish to extract raw resources like minerals. The political and economic environment thus interact to impact the lives of indigenous men and women as these foreign investors and policies directly affect people in rural areas.

Prior to the recently stable economy and political sector, Peru had an ongoing two-decade conflict between the state and leftist guerilla groups such as the Shining Path and the Tupac Amaru Revolutionary Movement. This era of fighting especially destroyed rural Andean populations. However, it did represent ways in which less conservative social groups were working towards gaining political voice, and shaped the current stage of politics in Peru both on a national and international level.

This is a vital history as politics and the economy also play vital roles in indigenous life. One notable aspect of this intersection exists in the realm of drug trafficking in Peru, as drug trafficking is believed to make up about 17 percent of the country’s gross domestic product. This could potentially hold environmental impacts as deforestation. Moreover, despite moves towards economic growth, the benefits are not immediately seen in the more rural populations that typically are home to indigenous populations. In more direct ways, the influence of cocaine

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40 “Peru Country Profile” BBC News
41 “Peru Country Profile” BBC News
42 “Peru Country Profile” BBC News
trade or perceptions of this trade in particular have challenged existing perceptions and beliefs about the role and usage of the coca leaf. This in turn plays a role in policy that affects access to traditional plants and stigmatizes indigenous beliefs, rituals, and health practices. Direct association of the sacred coca plant to the continuing drug trade provides an outlet to delegitimize indigenous practices and beliefs which can pose challenges and changes in a wide range of ways.

Politics play other, more direct roles in health, particularly with regards to women’s reproductive health. In the 1990s under President Fujimori, Peruvian women made initial gains in access to contraceptives and recognition of domestic violence as illegal. However, the President’s obsession with reducing poverty quickly led to the anti-choice measures that surgically sterilized women without informed consent. This disproportionately affected indigenous women. To make matters worse, many staff were not trained or given proper equipment and thus the sterilization procedures often took place in substandard conditions that led to later complications for the forced women. The results and impacts of this continue to unfold.

In the early 2000s due to backlash from exposure of these policies and renewed Catholic influence; condoms, contraceptives, and post-abortion care was difficult to find in public hospitals. To this day in a report from 2015, unsafe abortion was one of the five main causes of pregnancy-related death in Peru. Moreover, in South America Peru has the highest rate of sexual violence. Within this number about 34% of victims who range from ages 10 to 19 are pregnant and face difficulties regardless of whether they choose to have an unsafe, hidden abortion or
carry the baby to full term.\textsuperscript{44} With this, a number of policies in Peru or the lack thereof are in direct violation of the United Nations Convention on the Rights of the Child as well as other international laws and policies.

Despite these national policies, the political structure on the island has more or less remained intact without too much influence from the national sphere. On a local scope, island politics and governmental structure tie in to socioeconomic status. The government is a dual system of rotative authorities who go unpaid, but any tasks are completed via ad hoc committees and in public work parties.\textsuperscript{45} Despite only containing approximately 1,900 inhabitants, there are divisions among the wealthier and more powerful, the well off, and the poor. However, families own plots of land passed down over the years on the island, and rotate which of the six sections of the island is in charge of producing more for others. Notably, all members of committees and community offices are men, although women were anticipating elections in the future this has yet to occur.\textsuperscript{46} Although women are increasingly making strides in local politics as well as national Peruvian politics, it ultimately remains a male dominated field for the time being.

Tourism

The Island of Taquile specifically

The island of Taquile is nestled approximately a three-hour motor boat ride away from the port of Puno, Peru. At an elevation of about 3,815 meters or over 13,000 feet above sea level, its altitude level affects the crops that can grow on the island but does not deter a growing

\textsuperscript{45} Ypeij and Zorn 2007
\textsuperscript{46} Ypeij and Zorn 2007
tourism industry. With the advent of tourism in South America and with a particular growth in Peru as a destination, Taquile has been able to seek both its benefits and drawbacks.

The Island of Taquile is a part of a growing tourist route that entices global travelers to Machu Picchu and historic Cusco, who then pass through Lake Titicaca on their way to Bolivia. The island’s traditions are in fact one of the aspects that allowed for its development as a tourist destination, as residents remain tied to their traditional dress that features Spanish influence and brilliantly colored woven textiles. These very textiles allowed the beginnings of tourism as a Peace Corps volunteer named Kevin Healy in 1968 first had Taquileños sell their goods in a co-operatives, and this provided the opening to the island to a more global audience and capital to build infrastructure to eventually support tourism. From the beginning, Taquile has based its tourism model off of egalitarian policies that allow all families of the community to benefit from the success of the introduction of global tourists to the land.

A Community Law of Peru as well as an authorized monopoly on transport from island to mainland and vice versa allowed for initial success of the tourism model on Taquile. Eventually tourism companies tried to overcome laws to meet their own economic interest, and soon travel agencies and tour operators were developing businesses to compete with transportation by Taquilenos. Moreover, laws pushed forward by Alberto Fujimori further suspended indigenous claims in many regards, and thus Taquileño control over transportation and entrance fees for the island slowly waned. In 2005, however, nearly 80,000 visitors were expected to visit the island and that number has likely only grown. With this, however, it is estimated that less than 5 percent of these visitors stay for more than a few hours. This severely limits the potential income and benefit for Taquilenos. Moreover, the lack of power in transportation has led to Puno

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47 Ypeij and Zorn 2007
residents having control over the tourism industry on the island and has led to exploitation of Taquileños in the form of not paying entrance fees or spreading falsehoods about the island for economic gain. Despite all this, UNESCO has declared textile from the island a “Heritage of Humanity,” and Taquileños continue to fight for ownership over tourism on their own land. This plays a direct role in the impact on health, as the economic changes and tourism practices can pose direct consequences for access to more nutritious foods or not. Moreover, when visitors do stay on the island for a night, the burden of hosting predominantly falls on the women of the household, who must entertain, cook, and provide for the tourists. Regardless, the advent of tourism poses both benefits and challenges for the livelihoods of all on the island and will likely only continue to do so.

For the case of menstruation and globalization specifically, increased levels of travel among young women have also led and will likely lead to changes in Taquileño society. Although men had left the island fairly often in the past, more motorized boats and the tourism industry has allowed for increased travel of women to the mainland of Peru. This leads women to travel to nearby Puno and interact in a more urban environment that has supermarkets, different clothing styles, and different experiences. Moreover, if women are the ones of the family who travel to Puno rather than men, there are also new roles in obtaining goods, farming on plots of land near Puno that can grow more products like Quinoa, and other shifts in traditional gender roles on the island. These changes might begin in minor ways but can lead to other shifts in perceptions and practices on the island. Puno also provides more access to different reproductive health measures. This means accesses to a greater variety of products and also ways to regulate menstruation in the form of birth control if that is a route that a woman is interested in pursuing.
With tourism also comes new technologies beyond medical changes which have the capacity to challenge and shift existing perceptions and practices. The introduction of a sophisticated water system on the island changes access to certain sanitation and hygiene measures that were simply not accessible in the history of the island. Additionally, solar panels and energy sources that arrive on the island with more travel to the cities have the potential to change livelihoods on the island and thus influence health practices. Moreover, with this energy comes the introduction of other modes of communication and media. A few families on the island have access to television and satellite television networks, which are allowing the opportunity to watch soccer games but also to view lifestyles that greatly differ from that of individuals on the island. Overtime perhaps internet will become more commonplace on the island and a host of other technological and media based changes will come to be a part of the fabric of life on the island of Taquile.

Barriers to Access in geographic location

In order to understand female health on the island of Taquile, it is important to also look at indigenous health as a general whole. It is also necessary to explore other barriers that might exist, for instance, those of language and culture. Although the introduction of a dual Quechua and Spanish education system as well as the burgeoning tourism industry have increased access levels for a number of people on the island of Taquile, there are still many barriers in health access particularly for women on the island.

A study conducted by Nyugen indicates that indigenous women in Quechua communities in particular face a heightened risk for negative health outcomes when compared to
the general population.\textsuperscript{48} This relates to barriers in accessing health services but also increased discrimination as a result of gender, indigenous status, and often low socioeconomic status. Of the Quechua speaking community studied, the main health concerns of women included adolescent pregnancy, unsafe abortions, and domestic violence. The high rates of pregnancy among Quechua speaking women as well as the higher rates of domestic violence were attributed to a few key issues. One surrounds the heavy reliance on men as a result of their better schooling, Spanish speaking ability, and other aspects of education. This provides male authority and economic reliance on males that allows for lower reports of domestic violence as well as reluctance to fight back.

Nguyen’s study also examined the manners in which women pursue abortions and their rates. Women would often welcome “natural term” rather than induced abortions and at times would seek to have them. With this in mind, it is necessary to note that induced abortions refer to the procedures performed to abort a fetus, while by many definitions abortion can also include what is normally referred to as a miscarriage. It is not very uncommon to seek an abortion although discussion of this is not made public. Estimates say that more than 270,000 induced abortions occur per year among Quechua women, which makes up about five for every 100 women of reproductive age\textsuperscript{49}. It is key to note that abortion is not always considered a harmful practice in indigenous groups, but women view these as ways to restore a delayed period. Nguyen points to this as a way in which women are not adequately informed about the physiology of reproduction and the body.

\textsuperscript{48} Nguyen 2015
\textsuperscript{49} Nguyen 2015
Another key aspect to understanding women’s reproductive health cases involves an understanding of the language used. Although an elementary and secondary school have been established in more recent years on the island, women are far less likely to have a mastery or knowledge of the Spanish language, especially older women. Moreover, even in those situations a lack of sexual and reproductive health education means that the vocabulary necessary to have ownership over one’s health is lacking.

This would not necessarily be an issue if doctors and health practitioners had a working knowledge of Quechua. However, this is often not the case. The World Bank estimates that of Peruvians without access to healthcare, approximately 60 percent speak Quechua. The discrimination that this language and its speakers have faced for decades has made formal learning of it difficult to access. This means that medical professionals would likely not know it unless they grew up with it. When one considers the fact that indigenous peoples in general have faced discrimination and lack of access to education, finding medical professionals who speak indigenous language becomes all the more difficult. Moreover, the Quechua language began as part of a largely agrarian society. Words of some indigenous Quechua speakers are utterly different than those of others, and other times words that do not exist in Spanish or vice versa can be problematic for communication. Beyond words, some concepts that are known in Western medicine do not exist in discussion with Quechua speakers, as will be discussed in the next chapter.

All in all, these experiences with political structures, tourism, cosmology, and barriers to access play a direct role in the continuance and alteration of female perceptions and practices of menstruation on the Island of Taquile. The cosmology informs precisely what it means to be a

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50 Casma, JC 2014
woman in the Andes, and thus each role and action of the body is in direct connection with “mother earth” and the planet. Moreover, the way in which political structures and particularly the past administration of Fujimori interact with indigenous life influences the existing beliefs and culture of suspicion that can lend itself to complications with health education and access initiatives on the island. Lastly, tourism influences life on the island daily, with each visitor bringing new ideas and cultures, and creating new supply and demand on the island for products like pads and Western over the counter medicine. These various and seemingly unrelated factors thus intersect in countless ways that inform the complex web of practices and perceptions of menstruation among indigenous women on the island of Taquile.
Chapter 3: Case Study, The Island of Taquile

The ensuing pages describe the conversations, observations, and other information that informs the existing practices and perceptions about menstruation on the island of Taquile. These offer a sample of thoughts and expressions of reproductive health from both Quechua men and women, and offer a lens through which to view the potential impact of global health efforts or lack thereof on the island. Moreover, the case of Taquile offers insights into the role that globalization has to play in both the persistence and change that occurs within communities. Exploring the case of menstruation specifically illustrates the way that globalization impacts female health, agency of members within the community, and other conjunctional efforts of globalization such as the spread of education. The impact on these three factors can be further understood through the context of the homogenization, hybridization, and polarization models of globalization, in that elements of each of these models are present in agency, health, and education.

As mentioned the role and influence of tourism on the Island cannot be ignored. The level of ease that Taquileños have with foreigners varies, but there is no level of surprise when seeing a foreigner in the areas closest to the Plaza de Armas, which is the center of town life. The Plaza de Armas of the island includes the tourism office, a few restaurants and shops selling snacks and foods imported from off the island, and the cooperative that sells Taquileño hand-made goods. Textiles are a famous product from the island, and each family takes a week or so out of the year to run the cooperative that sells scarves, hats, gloves, and other knitted goods made by the families of the island. This provides an extra source of income for many, and allows for purchases from nearby Puno, Peru a mere three hour boat ride away.
One overarching theme of life on the island surrounds the role of community, as the entire island forms a family of sorts that supports one another. This view and understanding of Taquile provides insights into existing perceptions and practices of reproductive health as a whole and why at times introducing any change from an outsider can be difficult. Despite this, there are a number of different divisions of menstruation perspectives within the community. Perceptions and practices of menstruation on the island are most clearly differentiated by gender and age. However, the most striking difference that exists stems from experience away from the island.

These critical differences emerged in interviews and workshops, as answers from older women and younger women differed, just as answers from men differed from those of women. For instance, younger women were more likely to have a harsh and critical lens of menstruation and view it and associated perceptions somewhat negatively despite the fact that they were more likely to be informed about it before their first menstruation. This critical viewpoint provided thought provoking responses about womanhood and menstruation, but predominantly these responses centered around negative emotions and associations with periods. Main differences between women, however, existed in their lived experiences. Older women did not have access to education in a classroom setting and thus were not informed about menstruation prior to its start or of other aspects of reproductive health. The introduction of both a primary school and a secondary school has since changed aspects of that for some, with educators making conscientious efforts to discuss menstrual health with their female students as indicated by interviews with these educators. The lack of educational provisions for older generations of women was coupled with the lack of a health center and the fact that only in more recent decades have toilets and other sanitation measures been introduced and not necessarily in every home.
Although generational differences existed between women, the most pronounced
differences existed between men and women’s perceptions of menstruation on the island and
how they presented these perceptions in interviews and conversations. When men answered
questions about menstruation they did not second guess their answers and were quick to assert
their knowledge, while older women and younger girls tended to be more hesitant of answering
any questions, let alone those about menstruation. The young women in a school workshop about
menstruation were much quicker to offer answers when they were written on a sheet of paper
rather than voiced aloud, and many wrote their responses in a “story” of menstruation format that
resembled a diary entry. In observations of the island, women were more hesitant in health
related settings as evidenced by instances in the hospital where women were not comfortable
making health decisions for themselves or their children without the presence of a male family
member. These perceptions about health and gender roles indicate that women and men operate
under different expectations and thus offer different perspectives about experiencing
menstruation.

Perhaps globalization will also continue to change the existing ways that men learn about
menstruation and how it informs their own relationships with women on the island. Currently
knowledge of menstruation is gained in relation to understandings of reproductive health and
sexual relations. This presents challenges as men have the greater agency in voicing and
advocating for health, but also has the possibility to sexualize menstruation or lack thereof by
automatically associating it with relationships in this way.

Another aspect that relates to the different views of menstruation according to both
gender and age ties in to those individuals who have had experiences away from the island or
who have had increased interactions with those who are not from the island. Those interviewed
who were born elsewhere but currently live and work either part time or always on the island offered a much different perspective than those who grew up and had not left the island. Those who fell somewhere in between that, such as women who had gone to Puno a number of times or those who had ventured to Cusco or Lima, offered slightly different perspectives than others. Each interview holds its own merit and provided insights in both what was spoken and what was not. In this regard, even the refusal to interview, which happened more when women were prompted than men, offers views into how the discussion of menstruation and women’s reproductive health is perceived by each individual within an indigenous community.

Reactions to interviews:

A notable piece when asking a community about sensitive or potentially off-limits topics centers around the fact that at times denial to conduct an interview or negative reactions to a topic speak just as loudly as interview responses. In many cases, both men and women nervously or shyly shook their head “no” when I asked if they would be comfortable discussing menstruation and women’s health. Even in cases where women and men did agree to interview most answers were begun with a giggle, a squirm, or at times an indication of discomfort with answering at all.

The setting of interviews also played a large role in how the questions were answered and the willingness of an individual to give consent to interview. Those in more public spaces were less inclined to answer with detail, while those who were interviewed in stores or their homes where doors could be closed or husbands warded away often gave answers in greater depth.

An interesting case that emerged in terms of unwillingness to interview occurred with the Principal of the Secondary school on the island, as he presented a case of a male not from the island who remained uncomfortable with the idea of discussing menstruation openly. As soon as
the word “menstruación” was mentioned, he began a quest to find a female teacher who could
“better answer” these types of questions. While he remained present for the interview and
inputted thoughts from time to time, the initial discomfort with the topic and the continued
avoidance of using vocabulary to directly describe menstruation introduces a new set of
challenges and questions regarding the role that institutions can play in reinforcing negative
perceptions or impacting confidence levels. This further presents a case for the influences of
globalization on maintaining certain viewpoints or perspectives by shying away from discussion
or reasserting existing perceptions.

The denial to interview from the director was, however, the only denial to interview that I
received from a man. Even in this case, if prompted the director would have likely answered
questions. On the other hand, at least five women outright backed out of interviews when I asked
my initial question about comfort level in talking about menstruation. This does not include the
countless women who were uncomfortable by my presence or who did not respond to initial
greetings in Quechua from both my research partner and myself. With these realities in mind, the
role that women have on the island, especially in conjunction to the tourism industry, informs all
aspects of life. A notable piece is that men for the most part were much more forward with their
answers about menstruation, health, and life on the island when they were willing to be
interviewed. This level of comfort can be related to a number of reasons. For one, for older
males access to education and learning the Spanish language has been an option for far longer
than for females. For another the role that males have in the interactions with the health center
and health professionals of the biomedical perspective also informs an authority on health
matters that in turn impacts interview answers.
A distinction between discomfort talking to a foreigner and the discomfort of talking about menstruation due to its taboo nature certainly exists on the island, although it is not always simple to pinpoint each reaction. The general perception seems to be that many Taquilenos were comfortable discussing aspects of health on the island when presented with this as the general topic of discussion. However, most who agreed to interview and ultimately did not stopped after the question “Are you comfortable discussing menstruation?” This indicates that discussion of other aspects of health and life on the island are not off limits to foreigners curious about the island and even students who are conducting research. When questions turn to the less talked about aspects of life and health people become wary of open discussion or interviews. This presents evidence into the nuances of a taboo, and thus attests that discussion about menstruation is a taboo on the island. Moreover, it presents information as to the impact that globalization is having on the island, as questions such as these begin to be brought up in interactions and the population begins to face a growing number of questions about their perceptions and practices of life on the island.

Overarching themes:

The overarching themes present in the ensuing observations and conversations reflect the changes that globalization can bring to existing perceptions and practices of menstruation on and island that previously was a three hour motorized boat ride away from the nearest urban Peruvian city of Puno. Remembering that it was not really until the 1970s that people from outside the island began to regularly visit and travel to Taquile, the influence of globalization on such a large scale as the current day is a recent event. With the recent nature of globalization in mind, the impact of globalization on perceptions and practices of menstruation can currently be divided into a few salient, intersectional themes.
The existing medicinal and health practices are one area in which changes are apparent, and yet differing perspectives persist on the island. This refers back to both the polarization and homogenization elements of globalization. On one hand, a thematic trend of menstrual health on the island centers around the conflict between “traditional” remedies and biomedical and manufactured products. While some products are being introduced and accepted into menstrual practices on the island, other aspects of health are decidedly not accepted. This has great significance for female health on the island particularly when considering who has the control over making health decisions.

Another emergent theme in menstrual perceptions and practices on the island relates to its impact on the agency that women have in their lives. This connects to their social interactions, economic empowerment, and their perceptions of nature’s role in their lives. The prescribed foods and activities to avoid and interactions with nature that are said to impact menstruation have the potential to influence the agency of women in both empowering and disempowering ways. The ways in which globalization changes these perceptions, practices, and agency likewise can harbor these dual positive and negative impacts.

Lastly, the role that perceptions and practices of menstruation can have on girls’ attainment of education is a key element of exploration when considering this topic. The responses from educators and the girls themselves indicate that although access to education on the island is at an all time high, the potential stigmas and fears associated with menstruation can have harmful effects on the ability of young girls to succeed in a classroom setting.
Resources

Health and access to resources to protect health on the island are continuing to grow in capacity with the influence of globalization. In the realm of menstruation and women’s health, access to some resources are widely available, while others must be obtained far more clandestinely. Currently, feminine hygiene products are available for sale on the island, although they are limited and somewhat costly. In examination of convenience stores on the island, most sold one of two brands of pads. Stores offered “Always” and “Nosotras.” Typically, they cost anywhere from four to eight Peruvian Nuevo soles a pack, but store keepers were quick to note that women on the island use pads despite the cost incurred. One woman noted “It’s the 21st century,” when asked about the common usage of pads, indicating that these are the widely accepted female hygiene product on the island regardless of the prices that may or may not be affordable for all women on the island. It is also important to note that price negotiation is common in many parts of Peru, and the prevalence of tourism may have affected my questions about pricing. Therefore, for an indigenous woman purchasing further away from the plaza, prices were likely more affordable. For instance, my question about price when I asked during the daytime with a fellow Westerner resulted in a price 100% higher than when I asked a woman storekeeper a few weeks later with my Taquileña host sister present. This indicates that with the influence of reproductive products as a result of globalization, the economic implications for health are in part controlled by the community of the island. This is to say that menstruation practices are shaped and defined by the community, with the acceptance of pads making them a nearly universal purchase for menstruating women.

Thus, the role that community and caring for community members plays in all aspects of life on the island of Taquile appears again in this regard. With community acceptance and willingness to bargain, pads are an acceptable and accessible measure for menstrual hygiene
management. However, the introduction of pads and consequentially their usage cannot be separated from the increased level of access to transportation to the nearby city of Puno and the introduction of tourism. Conceivably, a demand for pads from tourists has helped contribute to the shelves lined with them in stores closest to the plaza where tourists frequent. However, it is also possible that women were obtaining pads from Puno early on and came to bring them to sell on the island. Ultimately, no one interviewed on the island had a definitive answer as to when pads came to the island or when they began to be widely used. Despite this, their staying power and the expectancy of their usage when a woman is menstruating appears to be engrained in the fabric of society now and is a practice that promises to continue.

Although pads were a common method for managing menstruation, other products were nonexistent on the island. These include all forms of tampons or alternative menstrual hygiene products such as diva cups. In Peru in general including in larger, more populated, tourist frequented cities like Puno and Cusco, tampons were clearly not the preferred method of managing menstruation among the general female population. In major cities there were often no tampons sold or very few options only in large superstores, thus the lack of any form of these on the island cannot be all too surprising when their acceptance in the country as a whole remains elusive.

Beyond lack of information or usage of tampons, menstrual cups, and the like, the usage of other forms of regulating menstruation were also seldom mentioned. In fact, the only woman on the island who mentioned birth control was uncomfortable using its name and looked around the space we were in to make sure that others could not hear when she mentioned it. Marisa was quick to note that those hoping to acquire forms of birth control must go to Puno to do so, and that it is not at all an openly discussed practice. In fact, although she suffered from headaches
and great pain during her menstruation prior to giving birth to her son, her status as a young single mother is what motivates her to obtain birth control in the first place. Although birth control can regulate menstrual cycles in addition to preventing unplanned pregnancies, it can also be viewed negatively in traditional communities, especially when considering the Catholic and Seventh Day Adventist influences on the island. Although women were wary of mentioning birth control, that does not necessarily mean that it is not used in cases on the island.

*Medicines:*

Questions and discussions about medicines and remedies produced varied results, with some women relying more on Western biomedicine and the majority relying on traditional plant remedies and teas. Many of the plants used to relieve symptoms such as headaches, stomach cramps, and other pains from menstruation are taken in the form of a brewed tea. A variety of plants were mentioned, with not all having direct English translations due in part to the fact that they thrive in the Andean region. For pain, leaves such as “canacho,” “cichipas,” anis, ruda, and muña are common herbs to use in teas for relief of symptoms. In general, the women and men interviewed had great confidence in the ability of these remedies to provide relief for negative symptoms associated with menstruation. Due in part to the importance of nature and agriculture in Quechua livelihood, this confidence in traditional remedies and its ties to the maintenance of existing perceptions and practices with culture are key to understanding the role of menstruation on the island of Taquile. A perception of menstruation as a natural process has thus allowed for remedies from nature to continue to have support. Despite this, the lack of studies conducted to provide scientific evidence of these remedies could pose challenges as forces of globalization challenge existing explanatory models for health.
Within the population of younger women, “pastillas” or pills were mentioned commonly as a way to manage headaches and stomach pains. The types of pills mentioned were not specified or clarified but it was assumed that these are the typical aspirin or mild pain reliever for symptoms commonly associated with menstruation. Women commonly expressed symptoms such as headaches, stomach cramps, and general discomfort. A number of younger women also mentioned feeling “sad” about their menstruation, although the equivalent of the Western term “Premenstrual Syndrome” was never mentioned and thus these emotions could reflect general feelings about menstruation in its totality or a symptom of menstruation like those felt by their female counterparts in other regions of the world. The premenstrual and menstrual symptoms experienced by women are thus dependent on the individual within each society and are informed by their body and the society in which they live to an extent. The only person to mention any other form of a pill in the way of birth control was the single-mother interviewed in the plaza. Her whispers about obtaining forms of birth control indicate that these are less acceptable forms of pain relief and menstrual health management on the island, and thus the young women in the workshop did not mention this at all.

The lack of mention of birth control does not necessarily mean that Taquileños do not know about it or that women on the island do not use it. However, emphasis on how menstruation is “natural” and is a part of life indicates that it is not acceptable to discuss openly because that would interfere with nature and the role that nature has on regulating the body. Quechua perceptions of women’s health especially pointed toward the idea that traditional healing and remedies in many cases is preferred to those obtained by medical professionals outside of the island. Pads do not go in the body and provide a great convenience which explain their general acceptance although they were also only brought up when interviewees were
explicitly asked about them. The emphasis on “nature” thus has the potential to impact the role that globalization can have in changing practices and perceptions of these practices on the island as a whole. With young women like Marisa having children out of wedlock and having to support them alone, it might appear that more and more young women and their families might seek the option of birth control pills as a means to regulate menstruation and to give themselves greater agency. Moreover, with the great irregularity of menstrual cycles and the symptoms incurred by many women such as intense cramps, headaches, and the like, a birth control pill also offers a way to regulate menstruation through offering a hormonal balance that in turn provides relief. The acceptance of these pills over time will be one potential result from the forces of globalization.

_Nutrition on the island_

It is impossible to separate questions of menstruation and questions of malnutrition and anemia on the island. The high altitude and relatively isolated nature of the island has led to difficulty in ensuring that all inhabitants have adequate protein, vitamins, and other key nutrients in their diets due to the environmental concerns. According to Maria Ines who is a community health worker in the Centro de Saludm or Health Center, a few times a week, poor nutrition and anemia are very common and a leading factor in irregular periods on the island. A recent program aimed at children hoped to provide better meals in school which also incentivized attendance, however, these do not always extend to adulthood and thus have their limitations. This means that nutrition does not always continue at home, but efforts are being made to change this with provision of garden foods. Also notable, however, is the fact that the Health Center is only about three years old and thus implementations of programs and initiatives is only beginning to take root. With this in mind, the impact of globalization in the form of health
workers on the island is only beginning to influence life on the island, and the lack of permanence of health workers coupled with the increasing demand for this form of health on the island indicates that either more health workers will soon join programs on the island or more members of the island will leave to train as health workers. The implications of these changes on menstruation will be numerous as they will directly tie into the reproductive health of women.

In addition to the interview records from the health worker, an account from the community doctor who works in the clinic a few times a week also recounted the ways in which malnutrition impact the general health of the island. This in turn can pose impacts for women and their health particularly during pregnancy as indicated by the female doctor. It can also lead to less regular periods or other negative ramifications during menstruation. The change in regularity can in turn impact symptoms of periods but can also impact the ways in which it is perceived and practiced on the island. Not knowing when a period will arrive due to a nutrition deficient body can pose more than inconvenience and can negatively impact other facets of a women’s life. Misperceptions or a lack of knowledge about anemia can lead to men and women relying on other explanations for a missed period, which could allow for the existence and persistence of perceptions and practices that may empower women, but may also infringe on their agency in society.

*Gaps in Medical Care:*

One notable aspect of the manner in which there are clear gaps in how health on the island is conducted surrounds the language and cultural divide between residents and medical professionals. In an interview with the nurse who frequents the health center on the island, she mentioned a general lack of knowledge of Quechua language. This makes sense that a woman not from a Quechua community would not have knowledge of the language, as the movement
towards supporting and celebrating indigenous peoples and their culture and language is relatively new. However, on an island with fewer women having a grasp of Spanish than men, this poses negative ramifications for the introduction of biomedicine in women’s lives especially by their own accord.

The aforementioned political division between “indigenous” and non-indigenous peoples also has the potential to contribute to misconceptions when treating Quechua peoples. This leads to two distinct outcomes. On one hand, many people interviewed expressed that they were keenly aware of the fact that they were cast as “other,” and this created a general mistrust of those coming from the Peruvian government in particular to offer services like medicine. However, each day the Health Center had multiple people waiting in line outside for when a medical professional would arrive for a few hours by boat. This leads to a second issue in that there are no medically trained professionals from the island. This fact leads those on the island to also see outsiders as “other,” and therefore building relationships of trust with medical professionals takes time and effort. With the history of sterilization of indigenous peoples coupled with a general failure to provide adequate health for Quechua peoples, this mistrust makes all the more sense. Thus there is a somewhat polarizing nature of globalization at play in the realm of health care, even though there are efforts from Peru to homogenize the medical system and provide care for indigenous communities that is adequate and comparable to the care that other communities receive.

Thus, a distinction between views of those who were merely part time inhabitants of the island and those born on the island is evident at varying degrees. Interviews with a nurse, an OB/GYN, a principal of the local school, and a teacher of the local school provided insights into the ways that perceptions and practices differ from the island and those from other parts of Peru.
Moreover, some perceptions of indigenous practices in other parts of Peru were not confirmed by the accounts of the Taquilenos themselves. For instance, an early interview with the nurse Maria Ines revealed a belief that when women are menstruating, they cannot hold children lest they negatively influence a baby or children with their blood. However, in discussion and interviews with women and men on the island this belief was refuted. This distinction between beliefs is notable for a few reasons. In one regard it points to the lack of communication between indigenous and nonindigenous, and how false perceptions on both ends can contribute to misinformation. It also points to the dangerous nature of the fact that nonindigenous people coming to the island may trust false perceptions to inform the health treatment that they administer on the island and the treatment of people on the island as a whole. If these gaps in information and understanding exist between the island and a nearby city that sends people to the island to work, than the information that they are using to treat Taquileños is compromised and this lack of understanding could in turn impact policy, treatment, and other plans for enacting change on the island. With this in mind, gaining a clear picture of what perceptions and practices of health exist on the island of Taquile is critical to protecting the health and wellbeing of citizens of the island.

Anemia

Anemia is a persistent issue when inadequate nutrition and irregular menstrual cycles are present, and despite impacts of globalization anemia continues to harbor negative effects in regards to menstruation. Although all medical and teacher professionals interviewed expressed awareness of nutritional deficiencies and anemia on the island, this was not always expressed in interviews with Taquilenos. As the rocky soil of the island can prevent growth of many plants aside from potatoes and tubers, diets on the island consist mostly of fish, potatoes, and some
quinoa and perhaps carrots. Although tourism is introducing more foods and funds to purchase more foods to the island, this has not directly translated to measured health outcome improvements in part because no one is there to measure the health status directly in the first place. Without this initial information, the impact of globalization on health can only be qualitatively gathered and not through quantitative means.

The presence of anemia and poor nutrition on the island is important to menstruation for a number of reasons. For one, anemia and irregular or missed periods are inextricably linked. According to the medical professional interviewed, this can lead to a lack of awareness about whether a woman is simply lacking iron and nutrients or pregnant. With this, women often are unaware about whether or not they are pregnant for a few months at least. Missed menstrual cycles can also provide insight into why it at times gains treatment and understanding as an illness that requires special treatment rather than a healthy process of the body. The lack of regularity can also serve to explain some of the perceptions and practices of actions that must be avoided, food that cannot be eaten, and other perceptions that will be further explained later in this chapter.

Efforts and programs to provide a greater variety of nutrients in diets have begun in recent years on the island to combat issues of anemia, but as expressed these mainly aim to improve the situations of children. In providing breakfast options at the local elementary and secondary school, the program incentivizes school attendance. Moreover, efforts to educate on other aspects of health and attempts to grow a variety of foods have been made at this educational level. With this, however, it is difficult to maintain diets of nutrition, and to act on health education efforts can be difficult when the economic means cannot sustain the lifestyle or when the geographic location simply does not allow it. This again ties in to women’s health
issues, as a holistic view of health in this regard requires emphasis in the preventative ways that
we can improve upon health.

A gap that existed in regards to anemia in particular centers around the discrepancies
between the answers from non-Taquilenos and Taquilenos. Non-native inhabitants all expressed
alarm that there are indeed high rates of anemia on the island, but those interviewed from the
island did not have information on this issue. While it is highly probable that anemia is prevalent
as these professionals say, actions to educate Taquilenos on the island have not resulted in an
ability to describe anemia or its affects on people. This information provides insight into
women’s health education efforts as well, since the two are intricately tied. To separate health
issues from diet and nutrition ignores the preventative role that diet and nutrition can play in
creating health concerns.

The complex nature of women’s health on the island is further complicated when
considering a comment from the nurse that the island has many single mothers as well as young
mothers even in their teen years. The few of the island who expressed concern with anemia or
knowledge of its existence were mainly those with relative positions of power. While the
unofficial leader of the island, Alejandro Flores gave an affirmative “no” to the question
regarding the presence of anemia, the younger leader of the tourism movement, Cecilio,
mentioned that it does exist and is an issue. However, he was not positive that it influenced
menstruation. In general, the mixed commentary and perceptions of anemia and its relationship
with menstruation tie into much larger questions about access to health education and the role
that women have in having the resources and agency to make informed choices about their
health.
Additionally, the fact that men from the island offered answers about the status of anemia while women were generally less sure or had not heard of the issue indicates again the role that gender holds in the status of health of women in particular. Information about health and environment that is pertinent to women is often not distributed to women in part because of education and women’s agency on the island and in general in the world. Globalization might lead to changes in this regard as more discussions of anemia with women and children occur as the Center of Health becomes more established and connected with the community of the island of Taquile.

Female Agency

The existing perceptions regarding menstruation and the practices that are common on the island of Taquile reflect elements of globalization but also ways in which forces of globalization have not influenced views. This might stem from the fact that it is can be difficult to influence views when these perspectives and practices are not openly discussed in society especially with tourists or in public spaces. A number of the existing perceptions and practices reflect other elements of the Quechua community with emphasis on nature’s role in the female body and the way that certain environmental factors and activities can positively or negatively affect menstrual and reproductive health.

The perceptions and practices that currently exist on the island also inform the agency that women on the island of Taquile posses. While certain beliefs can be empowering and celebrate the unique elements of Quechua culture on the island of Taquile, other perceptions and practices have the potential to limit the agency that women have. Moreover, globalization and its impact has the dual potential to provide women with more agency over their menstrual and reproductive health and thus in their lives, or the reverse effect of negatively impacting the
agency that women have with the existing perceptions and practices. With this, a hybridization model of globalization offers perspectives on how to incorporate elements from Taquile and Western cultures to promote the agency that women have in economic, political, social, and especially health related realms.

*La Luna – Killa- The Moon*

The role of the Quechua “Inti” (sun) and Quechua “Killa” (moon) in informing gender relations between men and women in turn helps explain the role that these two entities play in menstrual and reproductive health as well. The feminine qualities of Killa complement the masculinity of Inti, which ties in to how moon cycles and menstrual cycles are each around 28 days at length with regularity. These lunar elements are of particular interest, because they are also perceived to have a role in the conception of children. A perception among some on the island indicates that if the moon is full when a child is conceived, then that child will be a male. Meanwhile, a child conceived at the time of a new moon will result in a girl. A Taquileño named Alfonso in his interview expressed that he sees this as a fact, as his daughter followed this case. Older women nodded that menstruation, reproductive health, and conception are connected to the moon cycles, but did not offer thorough explanations as to why this was the case or how this was the case. Younger women and those not from the island did not mention these perspectives in their interviews, which might indicate that globalization is altering the views of younger generations about the way in which the moon and reproduction are connected.

In other interviews the full moon was believed to be a “luna mala” or a “bad moon.” Arrival of menstruation on this day can lead to more pain in the form of cramps, or complications with menstruation. Therefore, the role of nature and cosmology can inform perceptions of overall health and wellbeing. While this is not always the case and not everyone
necessarily subscribes to these beliefs about the role of the moon in the menstrual cycle and reproductive cycles, the importance of nature in health is evident. The impact of globalization on these perceptions over time, however, might begin to change and thus these viewpoints are notable to follow for future understandings of menstruation on the island of Taquile.

_Foods to Avoid:_

As foods on the island of Taquile mostly come from natural sources, beliefs about consumption of certain foods and avoidance of others in order to have a healthy menstrual cycle ties in to the community connection with nature. One existing practice that was part of the responses of women and men from a multitude ages surrounded the question of which foods are not appropriate or healthy to consume during menstruation. When asked about why these foods and beverages in particular were meant to be avoided, Taquileños offered no thorough explanations but were clear in their statements that these were not to be consumed.

Although not all women expressed avoidance of particular foods and drinks, others listed a long variety of foods to avoid. Oranges, milk, cold drinks, and anything acidic were commonly listed as items to not ingest when menstruating (Edith). Young women overwhelmingly wrote that avoiding sodas and other acidic foods when menstruating will help to make menstruation a better experience. The reasoning behind this included fears of pain or stopping one’s period before it was truly complete. Other suggested that sodas can also pose negative affects on menstruation. The general reason surrounding fear of shortening the length of the period or fear of creating cramps and stomach pains from ingesting certain foods that can negatively impact menstruation.
Notably, all of these products are not naturally or commonly found on the island, which might help to partially explain why these foods are considered bad for menstruation. While Magnesium rich intakes are considered beneficial for a healthy menstruation with fewer symptoms, the sugary levels of beverages like soda could also pose negative impacts on menstrual health and overall health\textsuperscript{51}. Presumably the avoidance of certain foods stemmed from a realization of cause and effect with foods and symptoms, however, it is plausible that globalization bringing these foods contributed to the existence of these negative perceptions and might also contribute to changes in these perceptions. The avoidance of foods also has the possibility to change over time with the introduction of more efforts to improve the situation regarding anemia, as certainly not having certain foods or having too many of nutrition deficient foods can pose harmful effects for menstrual cycles. The introduction of food programs and further nutrition education efforts could in turn impact the perceptions and practices about food consumption in correlation with menstruation.

**Practices to Avoid**

Despite repeated reminders in conversations from women of the concept that menstruation is a natural part of the female experience, interviews demonstrated that a few practices are not permitted during menstruation. When discussing these, it is critical to note that these practices and perceptions can stem from a number of ideas and histories, and can pose challenges and benefits for both men and women in society. Certain perceptions in turn lead to practices or avoidance of certain practices. In conversations with women and men of the island

and those who work on the island, it became apparent that many practices provide a rich glimpse into the history and community of Taquile, while some others have the potential to limit the amount of agency that women on the island have over controlling their live. Again, globalization has the potential to alter perceptions in practices in both powerful but also harmful ways, and thus understanding these practices is merely the first step in a process of understanding how they influence female agency.

*Perceptions of Cold and Water and its Impact on Showers*

A perception that possesses great potential to impact agency centers around perceptions of the role that “cold” can have in impacting menstruation and health. Cold and menstruation are considered two entities that should not connect, in the sense that cold fluids, foods, and things of that nature are viewed as negative factors in association with menstruation. Although educators and health professionals have expressed that this is not the case, women and men interviewed expressed an overwhelming belief in the fact that showering or in some cases even touching water when menstruating can have negative impact on health. As water on an island at such high altitude in the Andes remains rather cold, the impact that these perceptions have on women’s ability to live out their day can be impactful.

Men and women both offered the idea that to be exposed to cold water in particular when menstruating will cause “Colico” or cut women’s periods short. This “colico” presents stomach pains or cramps, and the attribution of water contact as the cause entails that it should be avoided by many measures. This is a theory and practice that the teacher of the secondary school and others have tried to change but it persists in the majority of the population. When interviewing men in particular they answered with absolute confidence that women should not drink or touch water when menstruating or it will “fail.” The concept of a “failure of menstruation” is a
perspective that reflects that menstruation is something that may not arrive as a result of certain behaviors and actions, and therefore serves to explain some of the reasoning behind specific perceptions and practices. A fear of this failure is in part what motivates practices to continue, and this fear can allow for practices to persist despite influences of globalization. Moreover, the lack of presence of readily available water at all times on the island also means that this avoidance of water is not always a difficult endeavor in the first place. Avoiding water means everything from not consuming any water, especially cold water, to not showering or washing hands. Again, showering is not always a weekly practice and may even be biweekly, and thus this avoidance is not outside the norm. However, it does limit choice and the option to shower should a women wish to, and thus this does have the ability to hinder agency.

Men on the island offered a few perspectives on the belief that women cannot shower, as Cecilio remarked “It gives a heart attack. Yes, it is always that it can leave more menstruation in every two months, two weeks, and it is a a little delicate.” In this regard, he expressed that people perceive that touching water can lead to a heart attack in severe cases, or that it can lead to a heavy menstrual flow in later months if one touches water while on their previous period. These fears have been discounted by the health professionals on the island and outside of it, but the practice persists. In nearby Cororo within a Quechua community, women call the process of menstrual flow stopping due to contact with cold water “Chiri,” and thus this indicates that such a perception about blood collecting in the body from menstruation due to contact cold water persists in Quechua communities outside of Taquile as well.\(^5^2\) This reflects a way in which some polarization of globalization is taking place, as despite the influence of Western biomedicine and the emphasis on hygiene and sanitation there are beliefs that inform practices that remain intact.

\(^{52}\) Hammer 2001
**Other Activities:**

According to a number of interviews and responses from the workshop with younger women, a number of other activities are off limits when menstruating. While not everyone mentioned this as an activity that was not permissible, others stressed that working in the “chacras” or on family plots of land growing and harvesting was off limits during menstruation. One woman remarked that it would “malogramos la chakra” meaning that planting while menstruating could negatively affect the harvest and growth of plants and food in the land. For that same reason some people expressed that even touching seeds while menstruating is off limits. This notion that working in the fields while menstruating will pollute the soil has strong implications for the lives of women in Taquile as this can challenge the ability of women to make decisions about their daily activities and livelihoods.

The divide in beliefs about this were not generational, and differed from interview to interview. However, other beliefs were notably different according to gender, such as the concept that women cannot handle certain weights or tasks when menstruating because it will negatively impact their ability to menstruate or could make for a painful menstruation. The local men interviewed explained that carrying too much weight could negatively impact a woman’s period and ought to be avoided, and that this informs some of the beliefs that women cannot work in the fields while menstruating. The mention of this perception by predominantly men points to the perceptions that men have about women on their period, and how these perceptions may differ from those of women on the island. This gap in perceptions further illustrates the manner in which a lack of discussion about menstruation between men and women takes place, and how
this can negatively impact the agency that women have over their own bodies, health, and decisions.

Additionally, a few people of the island remarked that sexual intercourse during menstruation is not accepted, and that it can also lead to negative impacts on menstruation. This was not brought up very often in part because the topic of sex was not one that is easily broached in Taquileño discussion with tourists in particular. However, some interview responses mentioned it as a key part of activities to avoid when menstruating. This serves to explain why men know about menstruation on the island as it impacts family planning and sexual health between partners. The idea that sexual intercourse is forbidden during menstruation can also be linked to the concept that menstruating and working in the fields harms the growth of plants, as both are related to menstruation’s capacity to negatively impact new life and growth. While the Health Center is beginning to educate on sexual and reproductive health on the island, these attitudes might change. However, acceptance and implementation of these educational efforts from outsiders might not necessarily occur.

First Menstrual Cycle:

The stories that women shared about their first menstrual cycles and who first told them about menstruation differed predominantly according to age. These stories provide great insight into the way in which tourism, time, and other factors have influenced changes in perceptions and practices regarding menstruation. The impacts of globalization on the the initial menstruation experience are fairly evident, although they are impacting each generation of females in different ways according to family relations, education, and other factors.

Generally, older women who were interviewed had not been informed about what their period was at all prior to menarche (first menstrual cycle). In fact, a number of women
mentioned feelings of “asusto,” in which a person experiences an intense feeling of fear and fright. While the most extreme response included that of an older woman who thought that she was going to die when she first received her period, the answers of younger women were not always that different. In fact, one young woman who was in secondary school described her first period as “It frightened me and I felt very sad and cried because I thought that I was dying” (2015). This type of response reflects that while educational efforts about menstruation might be ongoing, there are still members of the younger generation that do not know what menstruation is prior to their menarche. In this regard, the difference among generations and age are slowly taking shape as women come to learn about menstruation prior to menarche or at the very least do not fear that their menstrual cycle means that they are dying.

Other accounts from women interviewed discuss the challenges that continue to exist with menstruation on the island. One young woman recounted that she was fearful when she first received her period because it arrived during Physical Education class, and she had no idea what was happening. She fearfully told her mother what had occurred and began to sob because she did not know what was happening. She recalled feeling “rara” or strange and uncomfortable about the situation and had great stomach pain that caused her to cry. However, she later goes on to mention that she sees menstruation as natural and that it allows women to become mothers. This again offers perspective on the viewpoints that menstruation is indeed a natural process of the female body and perhaps even something to be celebrated, but that it is also something that women feel ashamed or nervous about. Another young woman also expressed that she wanted to cry and felt angry, and that she “accused the world” for the existence of menstruation. These strong feelings and the disparate views between “natural” processes and fear of these natural processes provide insights into the complex nature of menstruation and the ways in which
globalization can further impact these complex views already in place, especially among women just beginning to experience their menstrual cycles.

In general, while young women recounted more often than older that they had known about menstruation before menarche, this was not always a given and a clear understanding of what would take place was not always apparent. Most began menstruation about 12 or 13 years of age, and yet when it happened many were very fearful or felt that they had no idea what was happening to them. While some learned about menstruation from their mothers, others had not learned of menstruation from anyone or anywhere. With this, they were unaware of what it meant until they asked their mothers or learned about it in other settings. The impact that globalization can have on access to this information about menstruation can intensely change the way that menstruation is perceived.

In terms of other experiences of the start of menstruation, another young woman recalled that she had pain in the stomach and upon realizing that she had her period she began to faint. Later her mother explained menstruation to her, and told her that she was no longer a girl because she had her period. In this manner, for some the start of menarche can be a rite of passage of sorts as it represents a young girl becoming a woman. For many others, it is a time when they are fearful about menstruation and their next period. The first experience of menarche comes with such shock and fear that it has the potential to negatively impact the perceptions that females have of menstruation and thus how they act when they are menstruating.

It is key to note that the feeling of discomfort and embarrassment was not always a given. This might differ on a case to case basis or might reflect changing attitudes towards menstruation on the island due in part to the influence of globalization and increased interactions with other communities. One young woman expressed that although she was fearful at first and cannot
discuss menstruation with her father, she does not believe that menstruation should be a taboo. Rather, she writes that women should make men know that menstruation is normal and they were also born from a woman. In her mind, she wrote that menstruation is part of the creation of men as well. This type of response expresses that young women are open to the idea of menstruation being a normal topic and process for both men and women to know about. The efforts to educate about menstruation as a positive as well as a natural aspect that leads to the ability to create a human life indicates changing perceptions of reproductive health. However, the importance of making reproductive health and menstruation “natural” not just for the reason of bearing children someday but simply because it deals with half of the human population is a discussion that also merits prominence in these changing viewpoints.

**Men and Menstruation**

The role that men play in perceptions and practices of menstruation is vital on an island that is politically led by only men and dominated by men in social manners as well. Men interviewed expressed that they first learned about menstruation from their spouses. In interviewing two men, Aflonso and Celso, they described how the Center for Health assisted with family planning classes that informed them about how to better understand menstruation. In general, education about menstruation occurs within the framework of family planning and takes place after a man has married or just before. This means that when girls learn about menstruation around menarche and may be receiving limited information about the body and puberty, their male counterparts are not informed about the biological processes of the female body at all. Discussing menstruation later in a male’s life and only in its relation to sexual intercourse and family planning relates the process to its role in reproductive health, but does not necessarily make it a normalized part of society that is also experienced by young women.
This association of menstruation and sexual relations also serves to explain in part the way that birth control is perceived on the island and why it is such a covert topic. Failure to separate menstruation and reproductive health from the nature that it contributes to sexual relationships and childbirth could serve to exasperate a taboo, and thus birth control even as a means to regulate menstruation is viewed in a negative light as menstruation and sex are not distinctly separated into too different aspects of reproductive health. Menstruation occurs regardless of sexual intercourse, and thus the association that men gain about menstruation in this context serve to better explain why the birth control pill is not widely accepted in that it is viewed as a means to prevent childbirth and not also as a means to regulate menstruation. The general perception of menstruation as a key aspect to eventually have children is a central tenet, and explains other existing perceptions and practices as they relate to menstruation.

These perceptions inform why not one woman interviewed expressed comfort in the idea of discussing menstruation with a man present, and when one considers that many other women denied interviews out of general discomfort with discussion of menstruation at all, this number if noteworthy. The graph below indicates the percentages of women who were from the island who reacted to a question about whether or not they felt comfortable discussing menstruation openly with a male. Out of 18 women total, not one expressed comfort with the idea of discussing this process of the body with males, and while some said it was uncomfortable at best, at worst women feared the discussion. This includes answers from older women and young women who were interviewed on the island, and reflects the way in which discussion of reproductive health of the female body is not a topic that many feel comfortable delving into in conversation. This has negative consequences for female health in that if it can be talked about with some level of comfort and normalcy then addressing health concerns becomes very difficult. This is also
dangerous as biomedicine becomes more important on the island, as men have greater control in the social sphere of biomedical health on the island but if women cannot advocate for certain aspects of their health then crucial accesses to reproductive health resources might be lacking.

**Education about menstruation**

Efforts to educate on the role of menstruation in reproductive health have not always led to clear answers and understandings of the biological processes that occur during menstruation, however, with the growing impact of globalization the biological explanations and educational efforts are also continuing. Generally speaking, men and younger women offered more clear descriptions of the biological processes of menstruation than the older women interviewed. This again likely stems from access to education and information in Spanish about health and reproductive health.

One young woman when asked to describe menstruation described menstruation as a natural process in which “A woman needs to accumulate new blood to have a baby, menstruation
helps us to strengthen our health and for that it is natural.” This emphasis on the “natural”
aspects of menstruation is a common theme in discussion of it on the island, and provides insight
into the ways in which menstruation is perceived in biological terms and in relation to nature.
Referring to it as “natural” provides more than a few implications about menstruation. For one, it
is thus a part of nature and a process of the body that ought to be accepted as a fact of life by
everyone. On the other hand, the “natural” state of menstruation also connects it back to a
traditional agrarian society found in Quechua culture and its emphasis on the role that aspects of
nature play on human life and health. “Natural” unfortunately is not always synonymous with
“Accepted,” and thus one can have something that is natural but still be embarrassed by it or fear
it.

Moreover, the description of menstruation by a few of the young women in the workshop
from a more biomedical perspective offers insights into the way in which globalization is
spreading different concepts and perceptions about what menstruation is in a community. As the
meaning of menstruation is a dynamic concept in every community, the reference to reproductive
health in a way that describes the anatomical mechanics of it indicates the introduction and
acceptance of explanations of health professionals and from other factors of globalization. This
reflects an emphasis to provide lessons and descriptions that are central to reproductive health. It
also might indicate that young women are receiving more education from sources outside of
school by visiting or even living outside of the island and in urban centers, or even in the
introduction of Direct TV and thus commercials and television programs to the island that touch
on themes of menstruation and reproductive health.

Access to television and different programs is opening up knowledge about a variety of
topics in interesting ways, and this increased knowledge is evident in the difference of
perceptions and practices between older Taquileños and younger Taquileños. Television provides a means to communicate and a means to gain exposure to lifestyles and perspectives that differ greatly from the island, but can also of course tell the story from only a particular frame of reference or in less than multi-dimensional ways. This force of globalization offers the opportunity to view commercials about menstrual health products or to view characters openly discuss menstruation on television shows, in movies, or even on the news. In this way media and technology are challenging the existing perceptions and practices in meaningful ways. However, the relative newness of this and the lack of internet means that these changes might appear gradually over time.

Despite the few descriptions about the anatomical mechanics of menstruation by young women and the increased access to educational resources, it is also evident that the descriptions would not have occurred openly if young women were not offered the opportunity to write down their answers rather than verbally tell their perspectives. This lack of open discussion explains in part why young women especially expressed great discomfort at the idea of discussing menstruation with a male. Young women mentioned that they were not comfortable discussing menstruation with men, even their fathers, namely because “men do not menstruate, but women do” (2015).

When asked whether or not they would purchase pads in a store if they needed them but a man was working the counter, the answer was a collective shake “no” of the head from each young woman in the room at the workshop. Multiple girls also wrote down their discomfort with the idea of discussing menstruation with any man near the room. This discomfort with discussing menstruation openly again reflects that the topic of menstruation has elements of a taboo on the island, in that it is something that is not to be discussed openly about. Moreover, the concept that
a woman fears buying pads from a man in a store has deeper ramifications for what it says about the male perception of menstruation, how females view themselves when they are menstruating, and the agency that they as females have to ask for the products that they need when they need them. These responses indicate the menstruation may be considered a natural process of the body, but it is not a normalized topic of discussion in society especially when males are present.

Table explains who informed each woman about menstruation, with many learning from their mothers before but some never learning about it formally or some are unable to recall who informed them.

Menopause:
The concept of menopause can be culturally bound, however, the perceptions on the island of Taquile are fairly consistent. Despite this consistency, access to resources or information and educational resources about menopause and how to handle it is not always readily apparent. Although talks about this point of one’s reproductive cycle are given to women, it is still not a process that gets openly discussed. Most interviewed offered that when a woman reaches the age of anywhere around forty to fifty she stops menstruating and can no longer have children. Beyond that, according to the nurse there are no resources in the forms of medicine offered. However, some plants have been used over time to alleviate any symptoms or complications, and thus it is recognized as a point in a women’s life that signals a change. However, the emphasis on menopause is not nearly as great as the emphasis on when menarche begins, and women and men had far less to say about menopause than they did about the early stages of menstruation. In general, this population demographic and their reproductive health has not been heavily addressed in part due to the need to also address earlier stages of reproductive health.

**Impact on Education and Young Women**

The existing medicinal perceptions and practices coupled with the traditional practices and perceptions on Taquile are indeed changing with aspects of globalization, and this has the potential to greatly impact education and the lives of young women. Education about menstruation, setting up an environment to discuss and feel comfortable with menstruation, and ensuring that educators present menstruation in positive ways are some of the efforts going on globally to break down any potential taboos that exist about the topic.

*Globalizing educators:*
The viewpoints of those who spend extended time on the island but do not live there permanently or were not born on the island provide unique insights into the ways in which globalization has impacted menstrual perspectives. The interviews held with educators offer a perspective that differs in some ways from that of Taquileños yet also relates to the content provided by those born of the island as well. All educators and non-Taquilenos acknowledged efforts to improve women’s health in general and on more micro levels as well. These efforts, however, are not always effective or are slow to occur.

The status of bathrooms in schools on the island highlights some of the difficulties that young women might have when menstruating, and the discomfort and even fear that can arise when inadequate security and sanitation is available. Santiago Inca Roca Chugata who serves as Principal of the elementary school noted efforts to improve the bathrooms at both schools. In the case of both the elementary school and the secondary school, often times the bathrooms do not lock or even close fully, and there is no place to wash hands or the place to wash hands is in a
very public place. For young girls who are just beginning to menstruate, the fear of exposure of
the fact that they are menstruating can make using these bathrooms a terrifying experience.
Along with these fears, there is no place to dispose of pads in the toilet area, meaning girls either
walk out with their supplies, hide it in their skirts, or throw it into the bottom of the drop-toilet.
Girls in the workshops referenced this fear of discovery of their menstruation, particularly from
males at school. This fear can preoccupy time and thoughts that could be focused on education
and schooling.

Fears can be exasperated when those in charge enable the perpetuation of casting
menstruation as something that is natural, yet negative and not meant to be discussed. This was
the case when the interview with the secondary school principal/director turned instead into an
interview with a teacher at the school, as the male principal did not feel comfortable answering
questions about menstruation at the school. While this could have come from a lack of
confidence in his knowledge on the topic and matter, his discomfort with the topic also indicated
that he preferred to not talk about it. Edith, a teacher at the school, provided more concrete vision
as to the perceptions of menstruation at the school and among young women in particular in the
secondary school. Her experience working on the island for some time and particularly working
with young women on the island as a teacher from nearby Puno informed her answers and
observations of the existing perceptions and practices of menstruation on the island. Educators
most often live on the island during the week and return to Puno for the weekend. This provides
living and working experience on the island and is another way in which influence from outside
neighbors is impacting the island.

According to Edith, young girls in particular will never say “I am menstruating” or “I
have my period,” rather they will first say “I am sick” or “I am feeling ill.” This may change
with age and time, however, and is a refrain that is heard in many other cultures including those of the West. In the case of Taquile, “feeling ill” provides a way to express to teachers that they are menstruating without actually naming what is occurring. This could present a case in which menstruation is viewed as an ailment, and something that weakens the body like an illness might. However, it can also indicate that young girls would simply prefer to use an excuse or term that applies to both sexes rather than single out their distinctly female menstrual cycle. Regardless of the reasoning behind this, it contextualizes menstruation as something negative of the body like an illness. Notably, the influences of globalization may not actually influence some of the perceptions of younger women when it comes to perceiving their menstruation as an illness, because indeed in many Western countries menstruation also harbors elements of a taboo. With this in mind, young women in many regions of the world will likewise use words other than those for menstruation or period to describe their cycle, as saying these terms in not accepted in peer groups, society, etc. Therefore, education and discussion on menstruation with the guidance of globalization might not necessarily signal changes in perceptions among young women and how they go about expressing their menstruation in a school setting comfortably.

Currently the school does not have a place designated to provide pads to girls who do not have them when menstruating. However, Edith mentioned having some on hand in the case that they are needed. Her account differs from that of the principal in that she notes that there is a place to dispose of pads in the individual bathroom space, although personal observation indicated that this was not the case unless she was referring to dropping pads into the toilet area itself. Edith also expressed that girls have the opportunity to leave school and go purchase pads should they wish to do so, however this also presents an issue if it means disrupted school time when provision of pads could alleviate this issue. This is dependent, however, on available
resources and spending at the schools in Taquile, which currently must work with the Peruvian government to ensure adequate funds for education.

A general confusion also appears to exist in regards to regularity according to the case of Edith as well. She mentioned cases where girls will not have their period for some time and believe that they are pregnant, however, their period then arrives a week or two later and they are simply irregular. Despite her attempts to explain that menstruation is normal and thus restriction of activities is unnecessary, certain traditions remain prevalent and unchanging. This confusion that young women and women in general have about their menstruation can have health impacts as it not only signifies that a woman is likely not receiving adequate nutrition but also she is putting stress on her body as a result of fear of a missed period.

Another salient moment that occurred during the course of the interview occurred when I asked about whether girls in particular were comfortable discussing menstruation with males present, and Edith said a clear no. In fact, they usually only mention it or discuss it in terms of pain as part of being “sick,” as mentioned in how they address their menstrual cycle to her. This discomfort explains in part why girls “Listen, but do not participate,” in classes when they are menstruating (Edith). This tied in to the answer that “Aqui es macista. Taquile es machista,” loosely meaning that “Here (in Taquile) we experience machismo. Taquile is Machismo.” This Machismo manifests in many cases and permeates economic, social, cultural, political, and other aspects of life on the island. It is a systemic dominance of male power but also a majorly accepted fact of life in many places beyond Peru. However, Machismo is also a complex set of norms in that may mean something different to each individual impacted, and thus the opinion of the teacher’s interpretation of machismo can have many meanings.
The impact that this machismo viewpoint of the world can have on girls in school is multifold, but it is also likely that the gendered differences in understanding menstruation comes from this dominant system of machismo in the community. This “Machismo” or at the very least gap in understandings of a situation played out when I asked if Machismo and menstruation both impact participation in school in general. The Principal was quick to say “No,” while Edith replied that when women are “sick” it certainly impacts participation. Likewise, it can play a role in whether or not girls have access to pads and serves in part to explain why young girls were unwilling to purchase pads from a store if a man was working behind the counter. Globalization from actors who face their own set of gender bias and concerns might change the situation but would not necessarily improve it. Rather, different interactions between genders due to tourism and the other changes involving the female ability to travel away from the island have the potential to challenge the existing systems, starting in schools where younger women feel safe to participate and engage in learning activities even while menstruating.

As one young woman said, “Menstruation is something that no one can talk about with the boys, because sometimes we feel scared or think they they will mock us. Menstruation is a conversation in secret” (2015). Likewise, a young woman expressed that she would ask for pads if there was a man working in the store even if she needed them, because “He can look at me badly or at times can think things” (2015). The relationship between menstruation and gender roles can indeed play out from a young age in this case, and can in turn serve to reaffirm certain roles. While posters in central parts of town that say “Control is not love” and “A woman is not an object” offer educational reminders about respect, a poster can only have so much influence on existing systems and cannot directly shape norms. These norms play into perceptions about women’s health and thus can drastically impact that health and perception from a young age, and
thus menstrual health and education both about that health and in a more general sense remain inextricably linked.

*Positive Outlooks for Education*

When it came to education and hopes for how globalization might allow girls to possess great understanding and confidence about their menstruation in school, the outlook in Taquile is positive. Educators and students alike are seeking ways to challenge the status quo, and girls in the workshop expressed a desire to make menstruation a normalized topic of discussion and not something that might be referred to as a taboo. While Edith used the word “taboo” to describe past situations about menstruation on the island of Taquile, she was hopeful for change. With education efforts in particular and talks about women’s health she hopes that girls will see that menstruation is “normal.” Indeed, in their answers in the workshop, young women were eager to critically think about menstruation perceptions and practices and hybridize some of the practices from Taquileño society with other viewpoints.
Chapter 4

Implications

The forces of globalization have the capabilities to drastically impact existing perceptions and practices of menstruation in communities around the globe, with the case of the Quechua community of the island of Taquile offering a glimpse into how these changes impact indigenous communities specifically. The case of the island of Taquile illustrates the way in which perceptions and practices of menstruation differ according to age, gender, and social context. These perspectives provide insights into the ways that globalization could in turn come to impact the perceptions and practices of menstruation among individuals within communities of indigenous peoples and global populations over time. The potential impact of globalization on perceptions and practices of menstrual health are broad and numerous, and can only be fully understood with time. However, a number of changes are taking place due to forces of globalization and these changes have the potential to positively and negatively impact menstrual health as well as its related factors on the island of Taquile.

The impacts that globalization has already had on the island are apparent in multifarious ways. On a large scale it is challenging what it means to be a community on the island and how each family and member of the family supports that community. Discussion may not be occurring openly about menstruation or women’s reproductive health but there are in fact many signs of changes on the island due to globalization especially in regards to women. The very presence of pads on the island are one such manner in which the increased interaction with people outside of Lake Titicaca is influencing menstrual health practices as these were not always present on an island of a few thousand that floats in the middle of a massive lake. In other manners, the education about menstrual health starting from a much younger age than ever
before have the opportunity to change the perceptions and practices that persist, or conversely could reinforce the existing perceptions and practices in an effort to maintain the status quo. This was evident in conversations with younger women about their relationship with menstruation, and the way in which these conversations differed from those with older women. Despite continued expressions of fear and discomfort about menstruation among young women, there was also an assertion of how “normal” and “natural” it was which signifies hopeful acceptance of the possibility of open discussion of menstrual health.

Globalization has the potential to greatly influence existing social norms, economic decisions, health statuses, political structures, and a host of other factors related to menstrual perceptions and practices. The presence of tourism and the growing interaction of indigenous peoples of Peru with urban settings has introduced noticeable changes already, and will continue to do so as time goes on. Tourism has altered the community in numerous ways that in turn influence the lives of women on the island and how they treat their reproductive health and menstruation. Travel and the opportunity to do so from both Taquilenos and those visiting them spreads ideas, conversations, and social habits in ways that in turn challenge the structures and systems in place.

These changes are not necessarily in conflict with the way of life that has allowed the island of Taquile to have these experiences with tourism in the first place. Profiting from selling the island not only as a beautiful landscape and destination but primarily as a place to experience “traditional culture” and to witness indigenous livelihoods creates a conflict with the growing influence and changes from globalization. While tourists might be drawn to fairly recently introduced showers and toilets which also benefit the menstrual health management of women on the island, other “modern” amenities have the potential to detract from the reasons that tourist
flock to the island each day. For instance, technologies and tools that could improve standard of living or access to education such as computers and internet access or even streetlights can be viewed as detracting from some of the indigenous charm and community that people come to see. The notion of indigenous peoples like the Taquilenos living as they do without even a bicycle on the island appeals to outsiders as a way to view a culture different than that of urban living, but also has allowed for rich financial gains for the Taquilenos and support for maintaining their livelihood.

While this does not embrace the idea that there is no right or wrong way to live as indigenous peoples or Quechua peoples, there is no questioning that what tourists are drawn to are the traditional dress, beautiful plots of farmland, and lack of obstruction of views of Lake Titicaca from the small homes made from resources of the land. This in turn impacts the way that Taquilenos live and the changes that they can embrace in their society when their economy is so deeply based in tourism. Exports are out of the question on a less than four-mile-long, rocky soiled island, and thus this maintenance of tradition is quite necessary for survival. The presence of pads offers one insight into a change that benefits tourists who may need them but also women on the island, but the challenges apparent with introduction of other menstrual health tools such as tampons and birth control could conflict with other expected and supported behaviors on the island. Changes such as improving Spanish language education in schools appear to make sense on the island as it strives to take control of the tourism industry and can do so best through gaining the languages of tourists, but these changes also have the potential to open doors for women in particular to discuss their health with the predominantly Spanish speaking health professionals. Thus globalization as so-called modernization is in one sense inevitable and in another something that Taquilenos might wish to avoid in its entirety.
The case explored indicates that menstruation is a dynamic term that is informed by cultural explanations, personal experiences, and geographic context. Each woman on the island has their own unique perception and set of practices when it comes to her menstrual cycle, however, the overarching perceptions and practices of the community on the island can in turn impact how she lives this out in her life. When words like “verguenza” or embarrassment and “miedo” meaning fear come up in conversation about menstruation, evidently there are negative viewpoints tied to the experience of menstruation. If the term “Taboo” is understood to mean a topic that people feel uncomfortable discussing and is not necessarily an oppressive element of society, then evidence presents that menstruation is a taboo on Taquile.

The forces of globalization in the form of the introduction of Western medical practices and tourism can alter the way that this taboo plays out in society over time. This does not mean that these changes will empower women or lessen their power, but does signify shifts. For example, changes in whether or not women can work in the fields when menstruating can in turn change the perception that younger women have of menstruation as something of an illness. If women are no longer believed to have the power to make the crop production poor because of a natural process of menstruation in the body, this can signify shifts in other areas of female agency on the island in politics, economics, and social circles. Conversely, it could also change relationships with women and nature. Each change that globalization brings to menstrual perceptions and practices has the opportunity to provide both positive and negative changes on the lives of men and women. Thus, no one answer or solution can change a taboo just as no one answer or solution can break the menstruation taboos in so many other communities of the world.
Health

Menstruation was described often as a natural part of life as a female, but on the other hand it was something that few felt comfortable openly discussing. This dichotomy between perceptions of menstruation exists between genders and age, but young girls were just as likely to describe discomfort and even fear about the topic of menstruation as older women were likely to mention the gripping fear of their first period. As the island starts to grow its health center, its physical education programs in schools, and its library collection near the town center, the access to reliable information will continue to improve. This piece of public health education has the potential to dramatically impact the perceptions and practices of menstruation on the island especially among young women.

Of course, acceptance of this information is another challenge in addition to access. Due to histories such as the forced sterilizations of recent decades at the hands of the Peruvian government as well as other infringements on the rights of the indigenous, acceptance of biomedical practices has not and will not always come easily. Moreover, the presence of tourists opens up communication with people from all over the world, but it can also lead to the development of new perceptions regarding the practices of these predominantly North American and European tourists. Tourists are not always likely to discuss menstruation with a host that they have only recently met and thus some changes will likely be nonexistent because these conversations simply do not happen. However, in the chance that there is recognition of tourists showering while menstruating or using products other than pads, this has the potential to introduce new perceptions that may be accepted or may be considered “other” just as many Westerners would consider the thought of not showering while menstruating as distinctly “other.” In a similar manner, travel of women to places beyond the island opens up possibilities
to embrace other perceptions and practices as they occur in urban center like Puno. Women travel to work in plots of land off the island or to purchase supplies that they cannot get on the island, which creates new capacities to be the make consumer of the family and make purchases for their own health or work in fields despite menstruation because they had to travel to get there in the first place.

Currently, access to clear and concise information about menstruation and reproductive health on the island of Taquile still appears to be lacking. With greater interaction with places and people outside of Lake Titicaca, likely this information will continue to inform decisions on the island. With this in mind, globalization can provide new insights and perceptions despite the challenges aforementioned. Moreover, as menstruation is in part a taboo in societies all across the world, the information that spread is by no means necessarily “better” than that of the Taquilenos. With the menstruation “taboo” or at the very least its stigmatization being nearly universal, the spread of globalization does not necessarily mean the spread of better information.

The perceptions and practices of menstruation in the United States and Europe are indeed rife with misperceptions and are by no means the preferred way of perceiving and practicing menstruation in the world. While often young girls in these continents normally have trashcans in school bathrooms, nurse’s offices with necessary supplies, and other ways to discretely deal with menstruation, this discretion also reflects a general taboo that forbids open discussion about periods. Commercials in the United States use blue liquid on feminine hygiene products to demonstrate absorbency and avoid real discussion of menstruation because at best it is uncomfortable to discuss and at worst it is an outright taboo. While this differs from girls being afraid to participate in school or use the bathrooms there in most cases, it does reflect that some of the nations and thus forces behind globalization are not necessarily spreading better ideas or
information. With issues such as taxes on tampons as “luxury goods” in the United States and the inability of women in shelters, prisons, and marginalized populations to obtain the resources they need to have a healthy and comfortable menstrual cycle, there are many changes that need to take place in these regions of the world as well that perhaps globalization from collective minded communities like Taquile can positively impact.

However, in schools in these regions often some form of health education takes place prior to the start of menstruation to ensure that young women and increasingly young men learn about the biological processes of the menstrual cycle and normalize it prior to menarche. Moreover, despite resistance in pockets of communities in these regions, there has been greater general acceptance of measures of regulating menstruation via forms of birth control and other hormones, and access to these is fairly easy for most. In terms of women’s agency, provision of education and access to health resources allows for a greater control over menstrual health, but the perceptions and practices of women in the West are by no means homogenous and have their own sets of limitations. This is critical to remember when examining the perceptions and practices that exist in communities such as Taquile.

For the case of Taquile, with the issue of anemia and malnutrition as it relates to menstruation, the efforts to educate in schools about the need for proper nutrition offers one start to a solution and has in fact already introduced changes in diets to improve nutrition. With the Health Center only instituted three years before at the time of the study, the impacts that it has had on the island are only just beginning. Over time as the school produces more students educated with science, math, and Spanish in addition to efforts to educate about the history of their island and indigenous people, hopefully a balance of both biomedicine and more traditional practices can be achieved and a level of trust between outside medicinal advice and practices of
the island can be achieved. For instance, the teas and herbal creations on the island for menstrual cycle symptom relief have not been thoroughly studied for their healing effects and thus while no statistical or scientific evidence exists to inform their medicinal properties this does not translate directly to ineffectiveness. The resounding answers of women utilizing teas like Coca and Muña for relief indicate that these methods have merit and worth, and thus implementing pills or other forms of biomedicine might not necessarily be the only or best option for health. Evidently there are often more than one or two ways to treat a symptom, and an acceptance of medical pluralism could enable the traditional practices to work alongside biomedical practices.

Women’s Agency

The changes occurring surrounding the theme of menstruation indicate changes in the agency that women on the island possess. Greater education and efforts to ensure access to that education as women learn Spanish now along with men and have opportunities to further that education provide women with more agency to control their lives. This agency takes on many forms, but includes greater economic power, a stronger voice in their own health, and avenues to challenge and change systems that do not positively serve them. These systems manifest in the way in which menstruation can be viewed as an illness rather than a natural process of the body, or in how women have increasing access to education about their own health and access to the resources to protect that health.

The lack of voice that women often possess in the biomedical health sphere of their health on the island holds implications for a woman’s ability to manage her menstrual and reproductive health. With this, changes from traditional health practices in which women’s knowledge has great value and women have a greater ability to control their health could signify
a lessening of ability to determine health among women as globalization causes a shift to biomedicine as the dominant health framework and explanatory model for health. Thus, greater influence of biomedicine by the Peruvian national government has the potential to have negative ramifications for women if women are not also granted with the ability to have control over their health in this sphere. The educational efforts to provide women with the ability to speak and understand Spanish are one critical aspect to ensuring that women gain this power, however, it will also likely require changes in cultural attitudes and attitudes toward biomedicine in general.

Tourism has also bought an entirely new economic way of life to the island that suggest challenges and changes to dynamics of the island. For instance, while mostly men are involved in the political structures and running the tourism industry of the island, women are the ones who are normally left to tend the storefronts or at least in stores nearest to the plaza. This means that women also have a financial duty and responsibility, and with this comes the potential to spend finances on feminine necessities like pads, medicines, and the like. Women can help control what products their stores sell, how much they will bargain for, and can charge for tourists to use the restroom facilities. This means that women have a purchasing power and role in the economy that in turn can guide what demands exist for feminine products.

In general, there are a number of changes taking place on the island that will influence women’s health overall and especially their menstrual health on the island of Taquile. The growing rights of indigenous peoples throughout Latin America can hopefully continue to emphasize the rights of all indigenous peoples – both men and women. The duality of Andean culture that exists allows for a place for both men and women to thrive. This duality is understood as a central part of life in this region as a means to separate two entities, like sun and moon, into separate spheres that both have immense value. These separations include a split
between the male and the female, and contribute to the way that gender roles play out in Quechua communities and other Andean cultures. With this duality being central the introduction of changes might cause slow and subtle shifts, but changes nonetheless. A delicate balance that allows for the introduction of new changes from globalization to respect aspects of traditional livelihood on the island and rights of all will allow for women and men to continue to form a supportive community on the island.

The concept of women increasingly gaining agency on the island while giving up some agency in other areas manifests in a few ways, but certainly some of the existing practices and the perceptions that inform them provide a lens through which to view how some traditions can be limiting. While it might seem as if the perpetuation of the belief that women menstruating will pollute the soil of the plot of land for crops is inherently and undoubtedly negative, perceptions such as these are far more nuanced. Indeed this perception can be viewed as a way that women lack agency and are relegated to a weaker status because of natural bodily functions. Alternatively, it can be viewed as a way in which the community allows women to take a break from the daily duties and could be seen as more of a way in which women are appreciated for their ability to reproduce due to functions such as menstruation. Of course, the idea of “polluting” and making the land produce a poor crop yield entails that it is a practice that views menstruation as something associated with failure or that the blood is somehow polluted, and thus because only women menstruate it can lead to negative associations of women in this light.

Likewise, the persistence of the perception that showering or even touching water will lead to a shortened period is also a powerful aspect of menstrual perceptions on Taquile. Water is a precious resource on the island and in the world at large, and although there is a sophisticated water system it is not always directly pumped to homes and relies on rainfall. Despite efforts to
change this habit, men and women continue to insist that contact with water will shorten their period or create stomach cramps. This was stated as a fact by many and not as an idea or suggestion, indicating that women likely have experienced cramps in relation to contact with water or cold water as some indicated. Of course, avoiding water while menstruating can also have its own set of negative outcomes as being afraid to drink it as a part of that contact can lead to dehydration and other poor health outcomes, while it could also impact sanitation and hygiene efforts if women are afraid to bathe for an entire week while menstruating. Discomfort and the possible health outcomes that stem from this could negatively impact female agency on the island and thus the provision of education on showers and water contact due to globalization can in turn benefit women’s agency and livelihoods when they are menstruating.

The Impact of Change

Evidently, with these changes comes a number of potential positive and negative outcomes for the status of women’s perceptions of menstruation and the practices that they follow. With social globalization and economic globalization, the role that women play in their communities is ever dynamic. Globalization has made reproductive health concerns less and less of a priority only for the urban and the middle class people of Peru, and the cultivation of an understanding of what menstrual health means for indigenous women will be an aspect that health officials and others ought to focus on in the ensuing decades. As indicated menstrual health ties into all other aspects of life from economic gains to family life and beyond. This means that education and maintenance of menstrual health perceptions and practices is a key component to ensuring the protection of the basic human rights of all members of the island of Taquile and beyond.
The usage of the word “taboo” has been largely avoided in part because it can be associated with concepts of oppression and can cast a people as “other.” Evidently with the practices and perceptions that exist there are many perceptions and practices that do not cause harm to women on physical or societal levels. Menstruation on the island of Taquile can be stigmatizing and possesses many of the elements of a taboo in that it is not openly discussed between men and women nor is it viewed in a positive light. This is evident in the cases of the answers from young women at school who generally claimed that they were too afraid to ask for pads in a store if a man was working there. The stigmatizing nature of menstruation can also be viewed in the way that so many women thought that they were dying or were very fearful when they began menstruating because it is a topic and part of life that is not normalized as something to manage in the way humans manage other functions like yawns or sneezes. While menstruation is uniquely female, it is a key aspect in creating life for both males and females as many of the young women interviewed pointed out. While this should not be the only reasons that menstruation derives value, it is a clear point as to why a taboo does not benefit females or males.

Information that flows to Taquileños might not always benefit the menstrual health of women or the island as a whole, yet in another manner, the reverse exchange of information is true. The tumultuous relationship that menstruation and society has is further exacerbated in regions outside of Taquile with the tumultuous relationship between indigenous and non-indigenous peoples. False stories about the beliefs of indigenous peoples about menstruation will alter over time as information is spread to and from the island. Hopefully this spread of information will lead to better understanding of indigenous peoples from those who do not live on the island of Taquile. Of course, the danger here lies in the fact that most people only stay on
the island for a short period of time, usually less than 4 hours, and thus the information that spreads can be very limited in scope and depth. With this, the continued travel of Taquilenos themselves might aid in providing greater understanding of traditional indigenous perceptions and practices.

Recommendations

It is critical to recognize the balance between aspects of perceptions and practices of menstruation on the island that are traditional and have the potential to empower and those that may have the opposite effect. Each society has its own set of perceptions and practices that can both empower women and conversely that can stigmatize these basic biological functions. The view of menstruation on the island of Taquile is on one hand changing positively due to elements of globalization, but on the other hand is holding tight to traditional practices and perceptions as a result of the preservation of Quechua indigenous culture on the island. However, given the nature of the fact that Quechua culture and culture as a whole is dynamic and ever-changing.

Perceptions such as those about the moon, about certain foods, and about the medicinal and healing properties of certain plants have many positive elements that reflect some of the influences of the Andes, Quechua cosmology, and other factors on perceptions and practices of menstruation. Some of the perceptions and practices that globalization and the influences of biomedicine can likely benefits include the lack of knowledge about anemia and its effects on menstruation, limiting beliefs about working or showering while menstruating, and the tendency to equate menstruation with illness or as something “polluted.” Challenging both the positive and negative sides of perceptions and practices can in turn change the health, agency, and education of women and men on the island. With this in mind, the recommendations for future
management of menstruation perceptions and practices in conjunction with globalization stems from an understanding of the nuanced nature of these perceptions and practices and the fact that ultimately the island of Taquile as a community will deal with changes and challenges with time.

One recommendation is to have further research into this topic and delve into it on a far deeper level. More analysis to follow the impact of the health center, educational efforts, and other changes can positively allow the island to understand what changes to accept and what changes to pushback against. The dearth in research about Taquile would be greatly improved if more was done to look into the changes from increased interaction with the Peruvian government and economic influence from tourism, as research could provide greater insight into the changes that the island will incur regarding reproductive health of women and in other aspects of life and community. The contextual factors that inform perceptions and practices of menstruation cannot be ignored, and thus future research into the web of influences that stem out of globalization can provide ways in which to measure changes on Taquile and to view how these changes impact life, health, and agency.

With these changes, efforts to improve education of both men and women from a younger age can in turn alleviate some of the issues presented in interviews and workshops. This coupled with improvement of the bathroom situations particularly at schools can in turn allow the stigmas associated with menstruation to hopefully lessen more and more over time. Reliable locks, places to dispose of pads and feminine hygiene products, and a designated place for school girls to locate these products if they find themselves caught off guard can provide the necessary space to ensure that girls feel comfortable at school when they are menstruating. With this, discussions with both males and females about reproductive health or at the very least about menstruation can in turn empower both sexes to respect this natural process of the female body.
Particularly, early education that emphasizes that the separation between menstruation as a part of reproductive health but not necessarily as sexual in nature can allow for greater understanding among men of this processes and could lessen the stigma associated with discussion of menstruation between men and women.

As younger women were more likely to mention knowing about their period before it arrived or learning about it from their mothers, this relationship should continue to be celebrated and utilized as a resource to educate and provide support for young women especially. Treatment of menstruation as a natural process in turn allows it to be a normalized part of life and society and thus young girls especially feel more comfortable discussing it. If menstruation is something to be feared, it creates a stigma and a situation in which girls view their menstruation as a negative aspect of their femininity. This poses numerous other effects in self-perception and as mentioned in interviews can impact their participation in school and in other activities. The impact that this has entails that if women on the island are to benefit from globalization in the same way as men on the island, one step in achieving this is by improving perceptions and practices of menstruation.

Most importantly, any changes to the status of women’s health in regards to menstruation on the island should involve the very people impacted by this changes. With this in mind, efforts to provide education on the biological processes of the body ought to be incorporated with existing explanations that include the moon and observations about nature. This means to say that recognition of both paradigms as a having valid points to describe menstruation can allow for greater acceptance of the biomedical explanation among residents of Taquile, but that it also allows for the understanding from the island to retain its value and importance. The two are not necessarily incompatible ways to describe the process of menstruation, and a viewpoint of
medical plurality again here would allow for globalization to lead to improvements of health and agency for women but not be costly to the Quechua culture that has resisted homogenization.

The residents of the island of Taquile should have the voice in the way in which globalization comes to the community, and if trust is to be built with health officials then efforts to promote reproductive health and health in general must incorporate leaders and individuals from the island. The education system provides one way in which students can grow to become adults who work with the Peruvian government, health officials, and others to make decisions about the health status and practices of their community. If these decisions come to include women who are now receiving the same education as men than issues that impact women such as reproductive health and nutrition access can hopefully gain more attention. Moreover, communication about Taquile with the health professionals that arrive and a greater permanence of these health officials so that they can learn about the culture, build relationships with citizens, and cultivate solutions for health practices and perceptions that are appropriate for Taquilenos can in turn provide long term solutions for the status of menstruation on the island.

Polarization, Homogenization, Hybridization

Returning to the theories of globalization, the case of Taquile offers insights into how polarization, homogenization, and hybridization theories explain globalization on social, economic, and political levels. The current state of the island of Taquile reflects aspects from each of the theories, but the specific topic of menstruation falls mostly into hybridization at the moment.

Elements of polarization have evidently had some influence on perceptions and practices of menstruation on the island of Taquile. This can be observed in case of practices towards
showering when menstruating, avoidance of working in the plots of land, and in other responses to efforts from outsiders to change perceptions and practices on the island. Although there are clearly elements of hybridization in the acceptance of certain pills (presumably basic pain relievers) as a means to control symptoms like cramps and headaches, there is also evidence of pushback on other menstrual hygiene products such as birth control pills and other products. Moreover, although it may be tempting to assume that hybridization is inevitable with time, in actuality the response of the island to certain influences of globalization indicate that it could pull in the opposite direction and continue to polarize itself from these forces. The power to control tourism is mostly in the hands of the Taquilenos, and should they decide to cut off this surge of visitors they have retained the lands and many parts of life as they did prior to the arrival of tourists in the 1970s.

Homogenization also offers a plausible reality for the island of Taquile, though at the moment it appears less likely than that of polarization or hybridization. Taquile has adopted a sophisticated water system and other practices thanks to the exposures of outsiders and the travel of Taquilenos to other parts of Peru and the globe. The introduction of television, solar paneled energy, and other aspects indicates an increased acceptance of social influences, while participation in the Peruvian Nuevo sol indicates acceptance of economic forces. This translates to acceptance of certain elements of biomedicine as well. The mention of pills used for symptoms associated with menstruation demonstrates an acceptance of aspects of biomedical practices, and the presence of the Center for Health clearly show movement towards greater reliance on the medicinal practices of nurses, doctors, and medical professionals trained outside of the island. The Center for Health offers a first line of health in a more primary care route for many cases by providing vaccines and the like, but Taquilenos may continue to take the boat ride
to Puno for medical emergencies and begin to adapt their perceptions and practices around reproductive health in particular accordingly. Births held in Puno, Peru in hospitals a three-hour boat ride away offer insights into how reproductive health education and practices will continue to adjust over time.

Ultimately, as indigenous rights continue to rise to prominence in Peru and Latin America and as outside forces continue to influence life on the island of Taquile, some form of hybridization or dual acceptance can take place. This will be seen as the island of Taquile takes on a more medically pluralistic approach as it has in recent years. Some young women take a pill to relieve symptoms from menstruation, but they also will drink Coca tea or other herbal remedies as an accepted form of medicine. As indicated by the way that Taquile has incorporated other “modern” practices into the island, a hybrid approach is likely to ensue for the upcoming years. Just as vegetables introduced in the school program are incorporated into traditional dishes or how Spanish is incorporated into the daily Quechua utilized, perceptions and practices of menstruation from global actors will continue to weave itself into the fabric of life on the island of Taquile. In this sense, hybridization is not necessarily the mixing of two elements to form completely new perceptions or practices, but may also come to reflect a tendency to accept both the traditional practice and the biomedical or Western practice and use the two in tandem with one another.

The following table summarizes some of the prime examples of homogenizations, hybridization, and polarization in action on the island of Taquile. This list is by no means exhaustive but provides salient perceptions and practices as they serve to demonstrate the impact that globalization currently possesses and will likely come to possess on the island of Taquile over time.
Models of Globalization in Affect on the Island of Taquile

<table>
<thead>
<tr>
<th>Globalization Model</th>
<th>Homogenization</th>
<th>Hybridization/Dual Perceptions and Practices</th>
<th>Polarization</th>
</tr>
</thead>
<tbody>
<tr>
<td>As it Occurs on Taquile</td>
<td>- Acceptance and wide usage of pads among menstruating women</td>
<td>- Medical Pluralism approach that blends traditional medicine with biomedicine</td>
<td>- Rejection of birth control by general society despite its growth globally</td>
</tr>
<tr>
<td></td>
<td>- Toilets and other sanitation measures in public spaces and increasingly in private homes</td>
<td>- Utilization of explanatory models involving nature and the moon to describe menstruation as well as Western biological explanations</td>
<td>- Rejection of alternative forms of menstrual management products (tampons, menstrual cups)</td>
</tr>
</tbody>
</table>

Conclusion:

The impact of globalization on the island of Taquile is evident in the economic growth, medical interventions, and the hundreds of tourists roaming the plaza each day. However, the impact that these interactions have on existing perceptions and practices of menstruation is complicated but impactful. Increased efforts to educate young women about menstruation are underway from the school system, which will hopefully empower females to understand their menstruation biologically and also in conjunction with Andean culture.

Any improvement and challenges that come about with globalization for women should be understood in the context of the fact that they have a unique set of needs and rights as both women and indigenous peoples. This status in a culture that has been viewed as “machismo” and in a political and social model that has previously devalued indigenous peoples means that creating spaces for indigenous women to be and remain empowered is critical for their ability to have agency over their own health.

Menstruation perceptions and practices among indigenous women and men thus present a complex case of how globalization is influencing change in indigenous communities. The case of
menstruation and the changing views offer greater insights into how perceptions and practices regarding health, education, economic markets, and many other facets of life may change over time as the island of Taquile increasingly interacts with the world at large. The introduction of more tourism, more money, and thus the capacity to build new infrastructure such as internet service and more water systems can likely impact the way in which life is lived each day on the island of Taquile. These changes have occurred due to increased forces of globalization. The concept of menstruation beyond its physical properties likewise will continue to take new shapes over time and change in meaning in Taquileño society.

The issue of taboos about menstruation do not exist in silos, in fact it is a common reality in communities all over the world. From women hiding tampons in their sleeves as they walk to the bathroom in the United States to young women sleeping in special huts in parts of Nepal while experiencing their cycle, this is an issue that is global in scope and takes on different forms in different cultures and peoples. As with anything, there are multiple lenses through which to observe these trends in societies, and there are positive elements that interact with the negative in nuanced ways. Explaining these nuances and providing glimpses into the ways that menstruation is perceived around the earth can hopefully provide insights into how to challenge taboos. By better understanding menstrual perceptions and practices globally, we can cultivate better ways through which to allow forces of globalization to empower women and men to ensure that a natural process of the female body is not stigmatizing. Menstruation is a healthy and natural process that impacts half of the world’s population, and its persistence as a taboo ultimately hurts everyone. As the island of Taquile presents, the nature of the menstrual taboo is dynamic and changing, and each generation gives new hope for its eradication in the global community.
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Appendix 1: Interview Transcriptions

Entrevista 1:
Nombre: Marisa Janapa
Edad: 20 años
Lugar: La Plaza de la Isla de Taquile

Yo: Estás cómoda con la idea de discusión sobre el tema de menstruación?
Melisa: Sí
Yo: Con varones también o es un poco…
M: Cuando tenía menstruación si pero no me gusta. Yo tengo mi bebe.
Yo: Que es su percepción de menstruación, medicamente
M: Una semana de mi menstruación. Tres días de dolor. Yo lloro mucho. El primer día es muy doloroso para mi. Por eso necesito tomar tres pasteles por que (sic). Química el dolor.
Yo: Es normal? O es
M: No creo es porque tengo muy resfriado siempre. Normalmente otras personas no tiene dolor, es normal para ellos per para mi es muy dolorosa. No me gusta es muy fastidiado
Yo: Entonces es difícil para hacer cosas?
M: Sí, yo siento. Porque se pasas y por lo dolor. No me gusta.
Yo: Que recursos existen para ustedes cuando están menstruando
M: Toallas. Todo toallas.
Yo: Mucha gente usan?
M: si, creo que si. Ahora es siglo veinte uno. Toda la gente utiliza
Yo: Pero es caro aquí
M: No, no es económico. Es económico.
Yo: Y si es bien, recuerda su primer experiencia con menstruación?
M: Sí, cuando tenía 13 años. Si cunado tenía 13 años en el colegio.
Yo: Oh, empiece cuando esta?
M: Empiece en colegio. Termine escuela, empiezo la menstruación.
Yo: Y es difícil para concentrar o para asistir escuela cuando estás menstruando?
M: Sí, para mi
Yo: Los baños en su escuela están bien para?
M: No, prefiero mi baño.
Yo: Sí, si. Hay comida que no puedes comer cuando estas menstruando?
M: Mmmmmm…..Sí si si si. Cuando como limón. Per prefiero… para
Yo: Y, recuerdas quien te informe sobre menstruación?
M: Mi profesora, mi mama, mis hermanas, la televisión
….Mayormente mujeres, porque hombres hablan muy poco.
Yo: Es un poco…
M: tímido. Mas confianza con mujeres.
Yo: También, en su primer tiempo con menstruación, que te sientes?
M: como me sentí… bien. Pero con dolor.
Yo: Hay relaciones con la naturaleza y menstruación o hay con la luna
M: creo que si, pero yo nunca pensaba mucho sobre esto. Pero si, a mas pueden explicar. Otros con la calendario y menstruación. Pero yo, no soy irregular.
Pero del uno o cinco o 15 veinte tantos
Yo: Hay medicinales tradicionales para menstruación…como una planta con
M: Para el dolor? Sí, puedes tomar Muña. O el apio…Sí, para calman el dolor
Yo: Y como explicaían menstruación para una chichita?
M: Ahhh…son enojada….Una niña quien todavía no?
Sí
No sé. Mi mama dijo mucha sito. Vas a cuidar. No sé.
Yo Creo que…. Una cosa mas si quiere decir.
M: No. Y usted, como cuantos años tiene?

ENTREVISTA 2:
Fecha: 2 de noviembre a las 4:15 de la tarde
Nombre: María Inés que es Pardearse
Trabajando en el centro de salud en Taquile para 3 meses
Lugar: El centro de salud de Isla de Taquile

Yo: Estudiando aquí o en Puno?
María: No, yo estoy en el ministerio de salud, en otras postas de salud estoy trabajando…cuatro años. Aquí en Taquile, dos meses.
Yo: Entonces…pero, usted es de Taquile originalmente?
María: No, yo soy de Puno.
Yo: Y habla Quechua también?
María: Hmm, no hablo mucho. Pero, Sí entiendo y hablo Aymara, Castellano…
Yo: Sí, chévere. Y que recursos existen para mujeres cuando están menstruando?
María: Recursos es de medicamentos? (Sí) Para el dolor….para las crónicos así…generalmente no ..no se usan. Ningún tipo de medicamento.
Yo: Ah, sí.
María: Solo, lo que les dan que aquí es mate de muña, mate de anís, mate de pedih
Yo: Mucho mate?
María: Mate es normal.
Yo: Y, cree que las mujeres aquí menstrúan cada mes, regularmente?
María: No, la mayoría de las mujeres es de…es una menstruación es irregular. Cada treinta y cinco días, cada cuarenta días, un mes y media, y generalmente muchas no tienen control.
Yo: Sabe porque?
Yo: Oh sí? Sobre la menstruación>
María: Sobre la menstruación. No les educa. Porque para ellos es un….tienen miedo hay un cierto tabú.
Yo: Entonces, no hablan sobre esto?
María: No no, no sobre esto.
Yo: En las casas también?
María: No, nosotros aquí hablamos cuando vamos a colegio.
Yo: Solo en colegio?
María: Mhmm. Nosotros damos este…pequeñas sesiones educativas, charlas, en el curso de tutórole. Entonces vamos a escuela, el colegio, y les hablamos. Pero la mayoría de los niños son tímido, jóvenes tímidos, jovencitas tímidas. No saben cuando les a venir.
Yo: Sabe que esto “tabú” afecta su participación en escuela o en cosas, como en la chacra, alguna cosa?
María: hmm… creo que no. Porque los adolescentes también les habla… pero la centra por aquí … no le toman mucha interérs. Hay bastantes adolescentes gestantes. Aquí mas o menos desde catorce años, trece años, es también embarazadas por la misma razón. Se cuidan con los métodos natural pero como no saben de su menstruación que si es irregular entonces nunca van.
Yo: Y nunca saben, que es… si es irregular o si es embarazada?
María: Claro. No saben, de repente, están embarazadas y su suelen a las tres meses, cuatro meses cuando ya no los vienen ir creciendo.
Yo: Y también, cree que alimentación afecta su irregularidad de su menstruación? Cuando proteína o no hay nutrición para salud?
María: Como este… a que hora repudia?
Yo: Como, nutríos. Cuando no hay nutrición afecta su menstruación o su ciclo?
María: Si es muy importante. La mayoría de la población de Taquile tiene anemia y desnutrición crónico.
Yo: Entonces afecta…
María: Si, desde niños, algunos desde niños que tienen desnutrición crónica. Antiguamente en el ministerio de salud no había, no había nutrientes, no había vitaminas para prevenir lo que es anemia, desnutrición crónica, actualmente en la a mas o menos hace tres años, el ministerio de salud hacía como puesto de salud Taquile las ambas es de en vitaminas, nutrientes como acida fólica, subprefecta ferro (5:25?) vitamina a, vitamina C y…. En los niños. Para elevar los nutritivos… Todos los niños nosotras hacemos eso. Para es de también la misa genemenia? Pero es solo a los niños… a de zero hasta tres años. Ahora los niños que a son de cinco y seis años y tienen es de… tienen anemia sí? Entonces, son muy poco los que se trato. Solo los que captamos, los que vienen el centro de salud, los captamos y les tratamos también. Y los que no vienen entonces quedan con su desnutrición… y ya llegan hacer grandes entonces es las mismas niñas no tienen….como están desnutridas o menstruación es irregular a veces ser a la traza … entonces para ellos es normal. Entonces, la alimentación es muy importante. Ya que aquí en la Isla no come carne, la mayoría…pescado pero muy pocos si que los tienen la posibilidad a comprar a la ir a pescar. Es un poco caro también para traer aquí. Ahora, no consumen mucha leche, solo los que tienen vaca, y los que no tienen vaca compran en taros. Pero también, es un poco caro y casi no compran. Y…que mas… lo único que consuman es las Abas, un poco de hiervo, la papa, quínoa, algunas meses porque dan en la zona de agricultura. La mayor parte es que no comen carne. Una vez la semana. Muy rara es cuando mata su avaluito.
Yo: Entonces, no hay prevenciones para esto en adultos, solo en los niños?
María: En los niños, pero en los adultos no hay ningún. Ahora, hay yo enerves, que estoy trabajando aquí. No es el calihuarma, trabaja con los niños desde jardín desde los tres años hasta los es de…hasta la secundaria. Que las madres van a cocinar en mi… el estado les mandate. Carne no les mandan, les manda chaqué, les manda un poco de leche. Menestra, frijoles en tejas que aquí no hay. Entonces, con eso hacen en el menú diario en la escuela. Entonces para tratar de prevenir un poco. Eso es que lo hacen, el gobierno. Entonces, también aquí hay ahora la otra para mas adultos hay pensiones sesenta y cinco. Que es de a los abuelitos a les dan incentivo económico que es del ciento soles. Y algunas familias tienen niños con problemas discapacidad mental o discapacidad física. También les dan.
Yo: Es un problema grande aquí?
María: Sí, aquí hay bastante niños que tienen discapacidad mental, ahí tienen problemas. Por lo mismo también del rasgo genético, que han bastantes…todos son hermanos.
Yo: Porque es una isla pequeña
María: Sí, es una isla pequeña y nunca salen
Yo: hay problemas asociados con menstruación aquí? Estaba leyendo sobre un idea que cuando una mujer esta menstruando…
María: Está embarazada?... No cuando se baña? Sí cuando una mujer esta menstruando y se baña
Yo: Sí, no puedes?
María: No pueden bañarse? Bueno, particularmente, yo me baño en los días de menstruación normal. Es normal. Entonces. Pero, yo que lo he visto aquí cuando una mujer esta menstruando, no se baña. Las señoritas no se bañan. Porque, porque justamente es de…dice que les bañan y les corte su menstruación. No vine, les duele, tienen bastante católicas entonces no se bañan. Particularmente en esta zona, el baño la higiene personal no es diario. Es interdiario, dos veces por semana. Sí, porque? Porque les hacen frío no hay costumbre todavía. Entonces no hay medios las casas reciamente están implementando con duchas. La mayoría no tienen ducha, claro que tienen agua pero no hay un lugar exclusivo.
Yo: Sí. Y creo que es difícil cuando mujeres están menstruando y no tiene un baño privado.
Yo: y, esta familiares con percepciones tradicionales sobre que no pueden comer tipos de comida como limón o leche cuando está menstruando?
María: No he visto esto mucho. Pero es de muy raro son, mas de las señoras. Mas o menos entres treinta y cinco, cuarenta, ellas cuando menstrúan no comen limón, se fajan. Pero ahora las niñas se tienen quince, catorce, normal.
Yo: sabe porque esta percepción existe
María: Lo que yo esta preguntado es de dice que cuando comen limón dice que córtala menstruación.
Pero, después de esto, pienso que si comen.
Yo: Sí es un cambio de percepción
María: en jóvenes y en adultos. Las niñas casi, ya no, no tienen esos prejuicios. Las señoritas sí.
Yo: Cree que es…porque es un cambio.
María: Ese cambio por…por la comunicación. Hay algunas, tienen DIRECTV TV. Entonces, DIRECTV TV … Televisión. Entonces algunos tienen la oportunidad de ver y conocer un poco mas. Alguna van a Puno. Vean al Puno casi, semana lente entonces ya su ideas van cambiar. También es de los profesoras de la escuela van, generalmente cada año, una vez si quieran llevan a tan, otras lugares para conozca. Entonces, sus ideas ya van cambiar. Sin embargo, han algunas que no salen, no salen la isla, ellos todavía tienen esos costumbres, no solamente rechaza, algunas cosas si no quieren rechaza muchas cosas opuestos como por ejemplo las vacunas.
Yo: Hay vacunas ahora sí.
María: Mhm, nosotros ponemos quince tipos e vacunas a los niños. Para prevenir…VCP, influenza,
María: Nosotros tenemos tantos vacunas hasta los mas o menos protegemos los niños hasta once años la ultima vacuna que tiene es la vacuna pap. Que todos ….

Yo: También, cree que elementos religiosos en menstruación
María: No, no he visto. No escuchado.
Yo: Sabe un experiencia de una mujer aquí con menstruación?
María: Un experiencia de aquí de la población? Una experiencia que ocurre aquí, por ejemplo es de algunas mujeres que son madres adolescentes y también madres adultas es que cuando tienen su primer hijo, estas señoras es de se saben a las seis meses es la distancian materna exclusiva y les protegen lactantica de embarazo. Entones algunas veces a Mayor de aquí, la población da sus hijos la lactancia materna a las dos años. El ministerio de salud también desea, pero estas señoras nunca es de…no saben cuando les va a venir su regla. Se olvidan. Se olvidan … a veces a una porcentaje de la población es de mujeres están y han tenido sus hijos se embarazan al año. Entonces, nunca les vienen su regla y tienen su bebe que esta de seis meses, 7 meses, y es también embarazada. Otra vez. El periodo de intergencia es muy corto. Y se están embarazadas. Y no se dan cuenta. No esperan y otra vez la regla o se cuida y si con ningún metos. Por eso vemos a muchas mujeres tienen sus hijos pequeño después otro chichito, otro chicito.
Yo: También, hay problemas aquí con menopausia?
María: Con menopausia. Sí hay bastan te. Generalmente a ver es de aquí en Taquile, casi no hay ningún medicamento para ese grupo, población. Para mujeres esta entrando la menopausia. No tenemos ningún tipo hay medicamento o hormonales . nada Así ellas solo…cuando frotan todos los niños

Entrevista 3:
Dionisia
38
11:15 de la mañana en la plaza

Yo: Dionisia, está cómoda con la idea de hablando sobre menstruación
Dionisia: ….Sí (con una pausa y una sonrisa)
Yo: Está cómoda con hablando sobre menstruación con varones?
Dionisia: ….. (pausa) es un poco mas dificil.
Yo: En general, que es su percepción de menstruación? Como es parte de vida normal, biología, extrañó, vergüenza que?
D: Normal
Yo: Y, recuerda su primera experiencia con menstruación?
D: Sí
Yo: Puede explicar
D: Primera de menstruación no? De quince años.
Yo: Y era una experiencia bien o mal
D: Mal… (porque) me asusto. Quise.
Yo: No sabia que esta…
D: No no sabia.
Yo: Su madre no dijo?
D: No, mi madre no me dijo.
Yo: Sabía donde estaba cuando comenzó
D: Mi regla? Mi casa
Yo: Entonces, hay comida que no puede comer?
D: No
Yo: Hay cosas que no puede hacer?
D: No puedo hacer no puedo ir a sembrar en la chacras.
Yo: También, estaba hablando con la enfermera. Cuando una mujer esta menstruando no pueden cuidar o tocar a sus niños? Es verdad? Estas de acuerdo
D: No. Si pueden cuidar. No hay creencia sobre esto en la Isla.
Yo: Hay relaciones con la naturaleza y menstruación? Como el ciclo de menstruación y los ciclos de la luna, killa?
D: Sí…
Yo: Entonces es normal para mujeres aquí a tener su menstruación cada mes?
D: Cada meses.
Yo: Sabe como anemia afecta menstruación
D: No sabe
Yo: También hay un… es normal para hablar sobre menopausia aquí?
D: No…
Yo: Pero es real? ES un problema
D: No sé.
Yo: sabe que es menopausia?
D: No sé.
Yo: oh, es cuando su menstruación…cuando tiene casi cuarenta, cincuenta años y después no hay menstruación
D: Sí, cuarenta a cincuenta.
Yo: Como explicarían menstruación con una niña.
D: A once o doce años
Yo: sí y cree que es una buena idea para discutir menstruación antes de una chica comenzé menstruando.
D: Sí
Yo: Con su experiencia:
D: Sí, con mi experiencia. Dijo a mis hijas. Mis hijas tengo. Tres. Tienen 15 años, 12 años, 10 años. Todas saben. Me explican a que no asustaron.
(Asida sobre la cuenta de la abuela de Jacquelyn)
D: Sí, (cree que estaba muriendo cuando un su primer experiencia con menstruación).
Yo: Puede explicar la relación con menstruación y con dando una luz?
D: Sí, (sonrisa) cuando llega menstruación esta van a…no hace relaciones sexuales… no pueden con hombre. Una semana. Cuidar.
Yo: cuando no hay menstruación para dos meses o tres meses entonces…sabia que una mujer esta embarazada?
D: Sí.
Yo: Hay otros problemas medicamente asociado con menstruación? Como cuando una mujer duchando, cuando ella esta menstruando es saludable?
D: No. No es.
Yo: No duchas para una semana?
D: No
Yo: Puede decir porque?
D: Menstruación fallar. Corto.
Yo: Hay otros tradiciones o percepciones como esto?
D: No.
Yo: También, cuanto cuesta para su toallas
D: Cuatro soles.
…..
Yo: Hay medicamentos o plantas que pueden tomar cuando esta menstruando
D: Sí, les tomar hierva de canancho. (es una planta) para el dolor.
Yo: Las mujeres jóvenes y también mujeres con mas edad usan toallas?
D: Sí, toda la isla (si es económico)
Yo: La situación con los baños esta bien cuando una mujer esta menstruando o ella tratar a oscuro la evidencia de su menstruación
D: Es un secreto.
Yo: Porque hay vergüenza?
D: Sí
Yo: sabe porque es un secreto? Porque mujeres no pueden hablar
D: (riendo)
Yo: En realidad yo no sé también. Con otras mujeres pueden hablar sobre…
D: Sí
Yo: Entonces, hombres no entienden que ocurre cuando una mujer esta menstruando?
D: sí entiende
Yo: Y ahora las profesoras de las escuelas explican sobre menstruación?
D: Si explican. Antes no explican.
Yo: Solo mujeres o con hombres también?
D: Solo mujeres.

Entrevista 4:
(inicialmente Juana no quiere hablar sobre el tema de menstruación, pero con una puerta cerrada era bien.)
Yo: Esta cómoda con la idea de hablando sobre menstruación?
J: (Riendo y indica Sí)
Yo: Usted sabe porque mujeres menstruar?
J: Porque dios puede crear así
Yo: Está cómoda la idea de hablando sobre menstruación con un hombre?
J: mmmm
Yo: Recuerda su primer experiencia con menstruación?
J: Este principio? Sí yo me asuste este primer día me vine me regla. Bastante ?? Pasa. Que pasó
Yo: Entonces, usted sabía que está ocurriendo?
J: No todo no. Recio mi daba mi mama, recién me, yo no mi anisaba que me pasó. Había salto un crucigrama desde puerta de hecho saltar. Entonces, que es, que es (???) Mi espalda estaba duele. Entonces, hay se…después, me te agua. Entonces, desde tres o cuatro, desde delante mi mama dice ‘siempre ir esta reina mi bicha”
Yo: es regular, sí?
J: Entonces, porque en estés primeras días mejore mi regla. Entonces, mi diaria mi regla me duele. Cada vez me duele es una por eso no me dice tarea el agua. Yo me asustaba.
Yo: Y cuando está menstruando, no puede duchar?
J: Sí, también mi mama dice ‘no me a rogar agua.’
Yo: Sabe Porque?
J: Porque ahorar las agua, siempre duele
Yo: Y hay comida que no puede comer cuando está menstruando?
J: No
Yo: Y hay cosas que no pueden hacer?
J: No pueden hacer….cuando estas en regla, no puede con los hombres
Yo: entiendo
J: Este es más peligra
Yo: Porque es peligra?
J: Porque cuando estamos con regla, pueden estar embarazadas.
Yo: Ahhh si…. Hay una relación con naturaleza y menstruación? La luna y ciclos?
J: Como?
Yo: Como el ciclo de la f esta relacionada
Yo: Y hay tipos de enfermas que está asociando con menstruación
J: Hay un nosotros pero no hay muchos.
Yo: Hay medicamentos o plantas que pueden tomar cuando está menstruando?
J: Sí, con chichipán….después hay otro…salvia. Otro…. Hay tres hiervas. Cuando el dolor viene con menstruación. No me recuerdes como se llama.
Yo: Y una creencia cuando una mujer está menstruando no puede cuidar sus niños.
J: No
Yo: Creo que es todo. Hay otras percepciones que quiere decir sobre?
J: (riendo) no.

Entrevista 5:
Cecilio
Su casa a las 8:30 de la mañana 6 de noviembre
Edad: 29

Yo: Primer, esta cómodo con la idea de hablando sobre menstruación?
C: Ya
Yo: Que es en general, su percepción de menstruación?
C: Como? Que es?
Yo: Percepción como, que ocurre…. 
C: Como la mujeres tienen menstruación al primera?....Acá en la Isla comiencia a las 14 o 15 años la menstruación. Entonces, cuando es primera menstruación, se asustan. Si porque piensan que algo despasa. No saben pero….de repente una regla entonces…se asustan y tienen miedo y no quieren que les vía todos.
Yo: Quien…de quien aprendió sobre menstruación?
C: De Quien? Aprendi? Normalmente acá yo he visto…a mi tía? Entonces, ella sabe decirme, ella confianzas y entonces me contaban dice.
Yo: Cuantos años tienen?
C: Tiene 25… o 23.
Yo: Y, está cómodo con la idea de hablando sobre menstruación son su esposa…
C: ehhhh… Yo sí
Yo: Es normal para mujeres y hombres discutir?
C: Normalmente acá la mayoría no es…es un poco raro… pero hay algunas porque yo normalmente sí porque es de la escuela aprende esto entonces es cosa natural.
Yo: Asistió escuela aqui?
C: Si acá. En la isla de Taquile
Yo: Hay comida que mujeres no pueden comer cuando
Yo: Y también hay cosas que mujeres no pueden hacer
C: Ehhhh…. Cuando esta en los inicios de menstruación no se pueden lavar dice. No pueden bañar o lavar ropa en el lago. Porque dicen que cuando el primer mes que tienen menstruación, tiene estar muy cuidadoso. Porque si no, de todo se dentro a tres e cinco o diez años mas, puedes estar mal.
Yo: Con que?
C: Dar un ataque cardo. Sea no. Sea sí siempre a puede salir mas menstruación en cada dos meses, dos semanas es un poco delicado. Y también hay algunos que esta escuchando y dicen que se había ido a lavar todo como estar en primera menstruación entonces había el lago lavarse la ropa. Entonces, pasaron como quince años, y cuando estaba llegando su menstruación, había mucho dolor de estomago. Entonces, por eso es este.
Yo: Aquí, hay un problema con anemia?
C: Anemia, si un poco.
Yo: Y afecta la menstruación de la mujer
C: Anemia, casi no.
Yo: Hay relaciones con la naturaleza y menstruación
C: un poco sí. Hay un…como cuando hay este…por ejemplo con la naturaleza puedes ir.
Siempre una menstruación cuando es en la luna pase con la luna entonces … por ejemplo cuando hay… decir media luna, un cuarto media grande, intermedia. Y estos siempre son estos días.
Yo: También, hay algunos problemas con menopausia
C: mmm.
Yo: Sabe que es menopausia o no?
C: un poco…
Yo: Sí, es cuando una mujer tiene 40 o 50 años y no menstrua.
C: ahhh, sí. Cuando tiene 50 años ya no menstrua.
Yo: y hay medicamentos o plantas que una mujer está menstruando o en menopausia.
Yo: Sabe que es difícil para un niña cuando ella comience su menstruación? Como con percepciones, o baños?
C: Sí. Con baños mas que tal.
Yo: Porque?
C: Porque, normalmente tiene un problema… tiene es de…. Como se dice en castellano… tiene un poco miedo al baño que es sucio.
Yo: entonces, es difícil en la escuela?
C: Sí aha, sí
Yo: Sabe que es importante que niñas y niños saben que es menstruación para esto?
C: Los niños, pienso que ahora en la escuela ya está aprendiendo a. Porque mayormente ese tema es lo que están allá. En la escuela.
Yo: creo que es todo… tiene más para hablar sobre?
C: solo menstruación… no se….tiene otra preguntas
Yo: que recursos existen para mujeres en menstruación
C: ehhh…generalmente siempre acá es mate de coca. Entonces, hay una planta también que es medicina, y es ortilla. Flores ortillas, entonces es mate toma ya te calma.

Entrevista 6:
Juliana
Lugar: Su tienda cerca de la Plaza
7 de noviembre, 2015
Lenta: 9:37

Yo: Su nombre es?
Juliana:  Juliana Yucra Cruz
Yo: Y, cuantos años tiene?
J: 47
Yo: Entonces, primer, sabe porque mujeres menstruar?
J: Sí, normal. Es normal porque mujeres menstrúan.
Yo: Por que es normal?
J: Normal (Quechua) normal.
Yo: y es parte de fertilidad? La vida de la mujer?
J: Es….cuando cincuenta años asi. Cincuenta años (quechua) no más.
Yo: Es menopausia sí?
J: sí
Yo: Y menopausia….hay cosas pueden tomar cuando hay menopausia?
J: Sí
Yo: Como….medicamentos
J: Sí
Yo: o mate
J: Algunas… asi siempre no enferma… no es pasa…algunas se enferma.
Yo: Sí, cuando tiene cincuenta años?
J: Sí
Yo: Porque está enferma
J: No sé. Algunas no…(su hija dijo: ‘con cincuenta años…está enferma)
Yo: Sí, con que síntomas?
J: Espalda (indica su espalda), me huesos… pues tosea???
Yo: y duele la cabeza?
J: Sí, y hay cosas para aliviar estos?
Yo: Sí…. (quechua) Y…. (más Quechua con otras personas en la tienda)…. Entonces… está cómoda con la idea de hablando sobre menstruación con hombres?
J: No (con fuerza). No.
Yo: Porque?
J: No sé.
Yo: Ahhh sí…usted recuerda su primer experiencia con menstruación?
J: Primer experiencia…. 12 años…
Yo: Y usted sabía que estaba ocurriendo.
J: No.
Yo: No, su madres y sus profesoras nunca…
J: No…
Yo: Entonces… asistió?
J: No.
Yo: Creo que es importante que mujeres hablan sobre menstruación? Porque usted no sabía
J: Sí ahora está sabiendo que….antes no. Mi mama no, mi papa no. En colegio está sabiendo.
(Quechua)
Yo: Y hay comida que no puede comer cuando está menstruando?
J: No, normal.
Yo: Y hay cosas que no pueden hacer?
J: Cosas…. Normal. Normal. Cuando está…. (Quechua)
Yo: Como…puede duchar cuando está menstruando?
Y: Y, en su opinión, que es la percepción en general de la isla sobre menstruación?
J: Y en la chacra no, con la papa con la maíz no…es costumbre.
Y: Entonces, personas no hablan sobre esto?
J: No.
Y: Entonces…. Personas tienes vergüenza sobre esto?
J: Sí.
Y: Sabe porque?
J: Porque sí es.
Y: Porque es verdad que personas no quieren hablar sobre….no quieren ver?
J: Sí.
Yo: Y, hay relaciones con la naturaleza y con menstruación?
J: No.
Yo: Con la luna no?
J: No.
Yo: Y anemia, aquí, es un problema?
J: No. No es.
Yo: Creo que es todo…. Que recursos existen cuando una mujer está menstruando?
J: No. Solamente la postal normal.
Y: Y la postal da información sobre esto?
J: No. Cuando yo está con duele la cabeza, el estomago, la postal. Acostúmbranos.
Y: Quiere decir más sobre está tema?
J: Sí… no
Y: Gracias a usted!
Entrevista 7:
Nombre: Alejandro Flores
Edad: 62?
Lugar: Su hospedaje (con su esposa)
Lenta: 5:12

***Al principio, él demostraba incomodo con el tema de menstruación, y indicado a su esposa para una entrevista, pero explicaba que ella solo habla Quechua. Con algunas preguntas él estaba de acuerdo con una entrevista, pero sus reacciones indicaba incomodo con el tema en general.

Yo: Entonces, está cómodo con la idea de hablando sobre menstruación?
AF: Uh huh.
Yo: Y sabe porque mujeres menstrúan…
AF: (Quechua con su esposa)… a la… mujeres menstrúan por ejemplo… hasta años como pasa fuiemos al lago…entonces hay casi usted que….más (?!)…. Entonces, cuando al momento menstrua… no podíamos al lago.
Yo: Sí, no puede lavar también?
AF: Por eso… es un que… nunca lleva a la playa. Ella no sabía eso.
Yo: También, quién le informe a usted sobre menstruación.
AF: Su mama.
Yo: Y…hay comida que mujeres no pueden comer?
AF: (Quechua a su esposa)… Ya decía…cuando carga… no puede tomar mates calientes. Entonces…allá… por eso no quiere más sangre. Entonces no tomó mates calientes.
Y: hay cosas que mujeres no pueden hacer?
Y: Y cree que es normal para hablar sobre menstruación en la Isla?
AF: Ah… antes…. En época por ejemplo… no hablan mucho. Pero (riendo)… ahora es más común.
Y: Ahora es más común?
AF: (Riendo)
Y: Hay relaciones con la naturaleza y menstruación?
AF: (A su esposa) Ahh…por cuando está en tu regla? No puede sembrar.
Y: Porque?
AF: Cuando siembra papa…No crece. Es es muy fuerte. Aquí no interpreta eso.
Y: Interesante. Y también, anemia es un problema aquí?
AF: Anemia no. No.
Yo: Y hay recursos para mujeres cuando ellas están menstruando? O después de en menopausia?
AF: No…en mi época ni tampoco no, dicen nada. Ahora sí algo.
Yo: Hay enfermas asociadas con menstruación o después?
AF: (Quechua) Sí, si hay enfermas…. Trabajantes con más sangre… con de mates…
Yo: Creo que es todo…Gracias!

Entrevista 8:
Nombre: Rita
Edad: 23
Lugar: La tienda de Juliana
Lenta: 11:44

Yo: Primer, está cómoda con la idea de hablando sobre menstruación?
R: Sí.
Y: Y también estás cómoda con la idea de hablando sobre menstruación con hombres?
R: Mmm… con hombres?
Yo: ¿Es una tema normal con hombres?
R: ¿(Quechua con su madre) sobre menstruación? ¿Cuántos años tenía?
Yo: Eso también
R: Cuando tenía catorce años.
Yo: ¿Quién le dijo sobre menstruación?
R: Mi mamá. Sí. ‘Es cosa natural’
Y: ¿Sabe porque mujeres menstrúan o en su opinión porque?
R: Menstrua? (Quechua)
Y: ¿En biología? Medicamente? Porque ocurre?
R: Normalmente para las mujeres sí.
Y: ¿Recuerdas tu primer experiencia con menstruación? ¿Puede explicar?
R: ¿Primera, cuando tenía catorce años, eso no es sorpresa. Cuando estaba jugando… Sí.
Y: Entonces, estaba en escuela o afuera de su casa?
R: Jugando. No era en escuela.
Y: Hay, es difícil para ser una mujer que está menstruando en escuela? O no?
R: Sí es difícil.
Y: ¿Porque?
R: Porque primera vez, mucho miedo, sí.
Y: ¿Aquí menstruación es como un secreto o es una cosa abierta?
Y: ¿Hay comida que no puede comer cuando está menstruando?
R: No. Solo no tocar agua. Si tocas agua dice que duele la área de conta llega un mes.
Y: Entonces no puede tocar…
Y: ¿Hay otras cosas que no pueden hacer cuando está menstruando?
R: No pueden jugar mucho, no pueden cargar peso, cosas pesadas. No puede lavar los tres días. Después… no puede hacer cosas
Y: ¿Y esto afecta la chacra?
Y: ¿Y, también, hay relaciones con naturaleza y menstruación… como la luna?
R: (Quechua)… No más… se llama como…. (quechua)…. La luna nueva… lo que caen malas lunas.
Y: ¿Hay malas lunas para esto?
R: Sí.
Y: ¿Cómo?
R: Como…. Dicen luna llena es dicen…. la luna cera se llama. Cerra. (Pausa porque hay otra persona en la tienda)
Y: La luna llena es una cosa mala?
R: Sí, es cuando… siempre tienes llega en estas fechas.
Entrevista 9:
Santiago (Director de la escuela primaria)
Edad:
Lugar: La escuela
Lenta: 17:10

Yo: Primer, como se llama?
S: Mi nombre es Santiago
Y: Y su apellido?
S: Inca Roca Chuleta
Y: Y cuantos años tiene?
S: Yo cumplí cuarenta y dos
Y: Y primer, esta cómodo con la idea de hablando sobre el cuerpo de la mujer y su menstruación?
S: Sí, no hay problema.
Y: Y, en su opinión, que es su percepción de menstruación
S: si en general es un ciclo, no? Es sangrada de la mujer que es periódico, cada 28 días de la mujer.
Y: Y quien le informe sobre menstruación?
S: Eso… no se aprendido… en el colegio. Y luego un poco más en los estudios superiores.
Y: Y usted no es de aquí sí?
S: No soy de… nacimiento en el sitio Huata de Puno.
Y: Entonces, es posible de su percepción es un poco diferente de las percepciones aquí?
S: Sí, es un poco diferente.
Y: puede explicar un poco de su percepción de menstruación aquí?
S: Es un tema que poco se trata ataque. No, de repente no comentario no… Taquile tiene costumbres, muy diferentes de sema… muchas temas pero sobre menstruación no sé mucho. De otras temas sí.
Y: Y usted sabe que anemia y desnutrición es un problema aquí?
S: Sí. Cuando hablando con la doctora dice que es alto. La anemia.
Y: Y cree que afecta menstruación, o la salud en general de la mujer, de la niña.
S: A la anemia, a la desnutrición?
Y: Sí, sí.
S: Sí, pienso que sí, se afectan.
Y: Usted sabe que hay cosas que la mujer no puede hacer cuando ella está menstruando?
S: Los conozcas que a veces si trata a trabajo, cocine, cumple. Está bien un tus días de menstruación no se cumple. No que hacer con todo comunidad tiene las creencias, de repente.
Y: Y también, cree que niñas sienten cómoda con discusión sobre menstruación?
S: Para ellos… para la gente es un poco de un tabú. De repente, no parece cómodo.
Y: Y usted sabe porque es un “tabú”? 
S: Es porque es algo… secreto, oscuro. Repente no sabe mucho. Un temor,
Y: Entonces, piensa que afecta la salud en general de una niña porque no hablar sobre menstruación.
S: Sí, no hay conocer… si hay tarjeta.
Y: y también hay diferentes creencias que afecta su éxito en escuela, o su aprendiendo en escuela?
S: Pienso que, sí afecto.
Y: Ellas asisten escuela cuando están menstruando?
S: También, hay pocos caso que hay niña menstruando aquí en primaria, hay gente en secundaria. Los casos son más fuerte. Acá en séptimo tiene…. Cinco o más casos.
Y: Y las profesoras hablan sobre esto?
S: Simple comentan, y además la pediré. Habla si personas sobre la menstruación, entonces con las niñas, también
Y: A que grado?
S: quinto, septo.
Y: Y que recursos existen para mujeres cuando ellas están menstruando? Hay apoyo, recursos fiscales, pasteles?
S: Apoyo.
Y: Apoyo en el censo que existen un entiendo sobre menstruación en general como las profesoras explican a ellas y…
S: De verdad, (¿?) pero apoyo de afuera no hay mucho, con las señoritas, enfermeras, vienen hacer para… lavar las manos, (¿? 6:45)… Y una forma solita pero no hay mucho para … no hablan mucho sobre estas temas. Muy poco.
Y: entonces, cree que condiciones de baños, no necesariamente aquí pero en la escuela secundaria afecta los sentimientos de una niña?
S: Yo creo que sí.
Y: Porque no hay un lugar para lavar sus manos?
S: Sí tenemos un poco. Está recién todo de este lado. Con suerte de este parte…. Poco a poco.
Y: Hay una lugar como una enfermera, un centro, para toallas?
S: Para depositar?
Y: Sí
S: no tenemos.
Y: no hay basura?
S: No, solo tenemos una lugar deposito toda la basura.
Y: Y también no hay una lugar con toallas nuevas, si una mujer comience su menstruación que es? O si ella necesita pero no tiene? Hay un lugar con toallas?
S: que venden?
Y: O proporciona
Y: Y usted cree que si hay un hombre que está trabajando en una tienda, para una mujer es un poco difícil para…
S: Entra la tienda… Sí es difícil, hay una temor. Y acá en Taquile… No se con tienda es fácilmente. No sé con mi es fácilmente también.
Y: Sabe que un entiendo sobre menstruación y menopausia existen en la Isla de Taquile. Un poco…sobre que ES menstruación y que ES menopausia?
S: En general, se entiende muy pocito. Es una tema que poca se trata.
Y: Usted tiene más para hablar sobre esto? Como afecta niñas, como afecta mujeres, o hombres también?
S: yo puedo comentarle la semana pasada escuché en la escuela un día… jueves era. Tienen un alcalde principio, hablamos sobre la salud sexual…. También sobre la violencia familiar y abuso sexual también. Entonces tiene un poco con la menstruación también. Y… hay mucho que falta allí, los hecho un reflexión a las papas y madres también…..no como es un pareja es oculto que ir…realmente ocurre acá este tipo de violencia, sexual también. Porque, en las fiestas acá de Taquile, son muy largas, puede ahorrar repente tiene información hay junio es de pentecostés, y es mas de una semana toda. Y eso afecta todo es…especialmente los estudiantes se no cuidan a sus hijos, no cocinan bien, un niño se ven como afecta bastante la parecía de los hijos. Y se pre hui todo de Taquile. Y se ya bonita que llegan investigaciones se haya respeta de costumbres de Taquile. Como se afectan tan…y también es una violencia, sí ocurre.

Entrevista 10:
Nombre: Edith
Edad:
Lugar: La escuela secundaria
Lenta: 17:08
*Primer pregunta el director, pero él me dijo que hay una profesora que sabe más sobre los alumnos en general.

Yo: Cual es su nombre?
E: Edith
Yo: Y también, cuántos años tiene?
E: 40
Y: Y primer está cómoda con la idea de hablando sobre menstruación?
E: (Afirmativa)
Y: En general que es su percepción de menstruación en la Isla de Taquile
E: Ha llegado hace 13 años acá. Hace 13 años, las chicas nunca se decía “Estoy menstruando.” Mira, bien son tímidas. Y ahora, ya las chicas de primera año, ya tiene y dice “Ya voy a enfermar. Estoy enfermando.” Ya que dice “Me voy a comprar mi toalla higiénicos. Ya cuente, no voy a tener miedo….hacer que estas cosas son normal para las niñas.
Y: Y aquí hay un lugar para si una chica no tiene su toalla, hay un lugar para tener?
E: Cuando no tienen, yo tengo…y también, ellas se puede compra. Se organizamos alumnos, ellas pueden comprar toallas higiénicos.
Y: Y en los baños aquí, hay basura para las toallas
E: Sí
Y: Y también hay un lugar privada para lavar sus manos o lavar su falda si hay sangre o…
E: Ellas tienen una, dos, tres, cuatro polleras. Pero con la educación física si tiene permisión, pueden cambiar en su casa.
Y: Y es normal para chicas aquí para hablar sobre su menstruación, o es tímido.
4:00 E: A mí, hay puedo decir, si algunas de más. Cuando viene me dice, “estoy enfermando” o cuando tiempo a mi me pasó con segundo año y siempre a de mi de año, desde primera año que menstruación ha venido, y de repente después, y por año y pasó, una semana…entonces, ella decía se “estoy embarazada” por eso no ha hecho nada. No puedes hablan y con es la primera vez había en la segunda nunca vas… ha ido. Y fue la primera vez y la segunda no a ser regular. A mí sé lo bueno, pero no sé a más profesoras hacer eso.
Y: Entonces, todas saben que es menstruación antes de su menstruación?
E: Ellas saben porque ya en la escuela también les comentan. Y está comentando…también porque en casa les hablan…. Antes de ha próvida porque no se protección, hay sentimientos sobre relaciones…y por eso también se apoyen sobre que es las chamas?.
Y: Y hay cosas acá que mujeres no pueden hacer cuando ellas están menstruando? Hay creencias o tradiciones?
E: Yo porque les digo a ellas es normal… pero siempre dice algo sobre que cosas no es bien, todos los días pero no sé si ellas en casa tendencias. Pero yo sí les digo que es normal para tener su regla?? En educación física es normal 6:35
Y: Y de donde es usted?
E: De Puno.
Y: Y, también hay comida que mujeres no pueden comer
E: La leche (?!) las bebidas frías, aciditos,
Y: Y también, ellas no pueden duchar?
E: Yo les digo que sí se pueden duchar pero ellas no hacen……… Es normal, que pasen. Tenga una teoría que su menstruación vienen La mayoría es así.
Y: Entonces, cree que ellas sienten cómoda con discusión sobre menstruación cuando que hombres presenten?
E: ¿??? Cuando ellas duelen con mí, sí, le dicen

Alfonso y Celso
La escuela primaria de la Isla de Taquile
16 de Noviembre
Lenta: 16:50

Yo: Primer, están cómoda con la idea de hablando sobre menstruación?
A y C: Sí, Sí.
Yo: Saben porque mujeres menstrúan…que es su percepción de esto.
A: Bueno, por esto punto, porque no soy una mujer pero tengo mi esposa….a menstruación es que una mujer recibe cada mes las señoras les toca normalmente. Pero no puedo decir que, exactamente, como una mujer. Entonces se habla sobre menstruación de las mamas…. Cuidarse. Bastante. A veces temprano es un como te puedes ir un
Y: Y usted, que es su percepción de menstruación en general.
C: Casi lo mismo. También tengo mi esposa. Creo que no entra siempre, le toca, creo que tenía sus feches que menstrúenlos. Creo que falle cuando hacía un…algunos no tocar agua, encargar, los falles de menstruación, no? Que dice caer de las mujeres, cuidarse no? Y en casos son…las señoritas es otra cosa también. Porque no tapia a chilcanos, no sé.
Yo: Quien les informe sobre menstruación?
A: De este punto…antiguamente no había ninguna información sobre.. nosotros tenemos con marido de una mujer, enseñarla, encontró, menstruación. Sabía en que fecha baja su menstruación. Y no decía que digamos en el cuatro mil ante y solo mujer va a recurriendo. Es de acuerdo con esto. Entonces el varón y la mujer, sembramos, cuando para que….necesita entender un pocito mas. Entonces en este punto, antiguamente es de ir….es de poco saben de esta vida….y el centro de salud? Ya tenemos información de que, como, una pareja de quieren controlarse. Entonces entiendían un pocito mas de cuidarse…como. Un pocito mas. Naturalmente…algunas se no quieren mas, no pueden decir que casi todos no? Cincuenta por ciento son naturalmente. Se hacen control. Y la mayor parte como …. Y: Control natural?
A: Sí, natural. Naturalmente. Por esta parte, con las esposas, es normalmente sí? Ningún problema. Pero casi sabían que ocurre con esposos….cuando hacía que es su menstruación?
Hace algo un esfuerzo y pesado. Ni tocar del agua…
Yo: Y usted? Quien le informe
Yo: hay comida o cosas que una mujer no pueden comer o hacer cuando ellas están menstruando?
A: Sobre este punto…hay un ocasión cuando hay la mama que esta menstruando…toda la comida de Taquile es comida natural. Alguna no…no mentirán. Mucho mejor el pescado del lago, es bien. Pero también comen papa, o aves, quinoa, etc. etc. A las mujeres les falten. Algunos de alimentos… no encontrase.

C: Todo, los del lago, es más se….les ayuda.

Yo: Porque…para proteína?

A: Sí tiene bastante proteína si.

Y: Y aquí hay problemas con anemia, con no proteína, falta de proteína?

A: En anemia…no recuerda si pero tal vez….podría existir pero hay de información del postal…

Y: Y hay relaciones aquí con naturaleza y menstruación? Como la luna y menstruación…

A: Sí, yo no he tenido esta experiencia pero si algunas avente tienen experiencias. Alguna el caso supuesta con la luna llena es relacionada con un varón, y la luna…como se llama….la luna nueva … yo no he tenido de este experiencia….

Y: Sí.

A: Pero, yo creo que es a facto. Creo que si es verdad. Yo tengo una hija, y ella lentamente, llega la fecha, entonces sí, creo que hay relación con la luna. Creo que es verdad.

Y: Muy interesante.

C: (Después de Quechua con Alfonzo) Yo tengo varias hijos que si con la luna, tienen esta experiencia. Y tiene cuatro hijos, pero son tres….son uno varón y no sabía es si, no sé en que luna. Cuatro menguante, luna nueva, llena, no cuenta. Pero si hay mi hija y tiene su esposo, y verdad… la luna tiene, y es cierto. Tres de septiembre es mi hija. Si es de verdad.

Y: Y que recursos existen para mujeres aquí cuando ellas están menstruando? Como toallas…

C: Cuando la mujer está menstruando? Aquí es de…cuidarse naturalmente. Naturalmente no? No hacer mucho esfuerzo, cuidado la mama que está gestando ya no pueden cargar…todo de estos pasados, ya no es. Cuidarse allí, y más esfuerzo por varones.

Y: Y ustedes piensan que es una cosa normal para hacer una discusión abierta sobre menstruación o es una cosa más oculta?

C: Normal. Si es esto es…abierto.

A: Porque si nosotros como papa…sería más hijos. Para evitar, no puede. Cuando es tiempo…estos puede así, esto puede así (con mociones de sus manos)…. Acá también es información grande. Las ambas partes.

Y: Y ustedes piensan que un entiendo sobre menopausia existe aquí también?

C: Creo que si…. (explica a Celso)

Y: Y hay recursos para las mujeres cuando ellas están en su tiempo de menopausia?

C: No, no. Creo que para menopausia (discusión en Quechua con Celso y Alfonso) Creo que hay información durante…se duelen la cabeza, aspectos no…cualquier cosa….entonces hay una mujer que los años se pasa, menopausia…. Se duele la cabeza y no sabe que es menopausia. Creo que el tiempo es de cuarenta y dos años, cuarenta y tres años… y pasa esto pero lamentable no hay….la enfermera para medicamentos.

Y: Hay confianza con la enfermera…

C: Sí, sí, sí. Para estas cosas la enfermera sí.

Y: Creo que es mas o menos todo. Gracias!